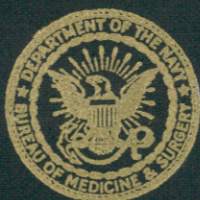


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BULLETIN
BUREAU OF MEDICINE AND SURGERY
CIRCULAR LETTERS



NAVMED-937

RESTRICTED

BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT

1 June 1947

This edition of NAVMED-937 (Rev. 6-47), BULLETIN OF BUREAU OF MEDICINE AND SURGERY CIRCULAR LETTERS, is a compilation of all letters still in effect. The circular letter index contained herein lists all letters issued since July 1939 with a notation as to their status. All letters issued prior to July 1939 have either been canceled, reissued at a later date, or included in the Manual of the Medical Department.

Minor editorial changes have been made in the letters to correct references, delete passages no longer in effect, incorporate portions of modifying letters, etc. In order to reduce the size of this publication, some enclosures such as sample forms have not been included, but are available upon request.

This edition is being issued in a loose leaf form to facilitate keeping it current. Future circular letters as issued will be forwarded to all holders of this BULLETIN for insertion herein. Corrected and up-to-date circular letter index pages will also be forwarded from time to time.

The July 1939-July 1945 edition of the BULLETIN OF BUREAU OF MEDICINE AND SURGERY CIRCULAR LETTERS and all other individual BUMED circular letters issued since July 1945 are hereby superseded.



C. A. SWANSON

Rear Admiral (MC) USN
Chief of Bureau

NOTE: This is an August 1949 reprint. A subject index is furnished in lieu of the numerical index referred to in paragraph 1 above. Letters which have been canceled since the issuance of the 1947 edition have been omitted from this reprint

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JOINT LETTER: BuMed -- BuPers

41-10

BuMed Circular Letter No. 41-10

25 March 1941

To: All Ships and Stations

Subj: Control of Venereal Disease

Ref: (a) BuPers Cir Ltr No. 31-41.

(b) Alnav No. 18.

(c) "An agreement by the War and Navy Departments, the Federal Security Agency, and State health departments on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated."

1. As announced in reference (a), the Federal Security Administrator has been designated as coordinator of matters pertaining to health as related to national defense.

2. Reference (b) is the substance of reference (c) which latter is quoted: "It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

- (a) Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal disease.
- (b) Early diagnosis and treatment of the civilian population by the local health department.
- (c) When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel, the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.
- (d) All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.
- (e) Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.
- (f) Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.
- (g) An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods of preventing these infections, and the steps which should be taken if a person suspects that he is infected.
- (h) The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American School Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

3. The attention of all commanding officers is directed to the fact that they are required by reference (b) to "cooperate to the maximum extent with the State and local public health authorities in the suppression of prostitution." In the past, some commanding officers have interpreted "cooperation * * * in the suppression" to mean approval of "segregation" of known prostitutes in an effort to reduce the spread of venereal disease and such "cooperation" has sometimes extended to the placing of known houses of prostitution out of bounds where the inmates of such houses failed themselves to "cooperate." Such interpretation is contrary to references (b) and (c). The aim of the Navy Department is "suppression."

4. It is acknowledged that venereal disease can be reduced only by continuous coordinated effort to remove from the community all those who are known to practice prostitution. All States except one have laws prohibiting this practice.

5. Reports occasionally reach the Navy Department that naval officials are not always clear as to the Department's policy in the matter. Commanding officers will wholeheartedly and consistently support the local and State authorities in the enforcement of their laws. This means that they will actively support these authorities in the suppression (not the discouragement) of prostitution.

6. The Public Health Service is now a part of the Federal Security Agency. The policy of the Navy Department as herein expressed is in exact accord with that of the Public Health Service. Its representatives are at all times available to commanding officers for consultation and wherever the commanding officer is meeting with difficulties on matters concerning health in the local community, he is entirely at liberty to take up the matter directly with those representatives.-- ROSS T McINTIRE -- C W NIMITZ

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41-31
BuMed Circular Letter No. 41-31

15 July 1941

To: All Stations

Subj: Initial Dental Operating Room Outfit, Procedure To Be Followed in Requisitioning

1. The Dental operating room outfit for a prospective or newly established activity, to which not more than one dental officer is to be assigned, shall be requested by letter.
2. The letter, submitted in quadruplicate, shall be addressed to the Chief of the Bureau and shall indicate the electric power supply (voltage and current).
3. Upon receipt of the letter of request, approved by the Bureau, the supply depot issuing the material will furnish the outfit on a special issue requisition. -- ROSS T McINTIRE

BuMed Circular Letter No. 41-59

25 November 1941

To: All Ships and Stations

Subj: Cylinders, Gas, Anesthetic, Color Marking for

Ref: (a) Color marking for anesthetic gas cylinders.
Simplified practice recommendation R176-41.
United States Department of Commerce, National Bureau of Standards.

1. Reference (a) was approved for promulgation as of 29 January 1941, and lists this Bureau as an acceptor.
2. In compliance therewith the following pertinent data are quoted herewith for information and guidance in all future purchase requirements of these gases:

"It is recommended that anesthetic gas cylinders approximately $4\frac{1}{2}$ inches in diameter by 26 inches long, and smaller, for use on anesthesia machines, be marked, according to the gases they contain, with the following colors or color combinations:

Kind of gas	Color
Oxygen.....	Green
Carbon dioxide.....	Gray
Nitrous oxide.....	Light blue
Cyclopropane.....	Orange
Helium.....	Brown
Ethylene.....	Red
Carbon dioxide and oxygen.....	Gray and green
Helium and oxygen.....	Brown and green

"These color markings shall be applied to the shoulders of the containers (except chromium-plated cylinders for cyclopropane) so as to be clearly visible to the anesthetist. Where the marking is to consist of two colors, the pattern shall be such as will permit a sufficient amount of both colors to be seen together.

"The label affixed to each cylinder, carrying the name of the gas and other information required by regulations, and tags, if used, shall also bear the same color or colors as the shoulder.

"These recommendations do not apply to compressed gas cylinders used in hospitals for any purpose other than anesthesia.

3. An abstract of reference (a) may be obtained at no cost from the division of simplified practice, National Bureau of Standards, Washington, D. C. The complete publication may be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C., Price 5 cents.-- ROSS T McINTIRE

BuMed Circular Letter No. 41-61

2 December 1941

To: All Ships and Stations

Subj: Corrosion Resisting Steel, Care of

1. In the interest of conservation of critical and strategic materials, it is directed that the following procedure be followed in the cleaning and polishing of "stainless steel" that may form all or a part of Medical Department equipment:

Washing.--Wash with soap and water, rinse with hot water, and dry with a clean cloth.

Polishing.--Should a polish or abrasive be necessary, use only high quality cleaning compounds. For closely adhering stains and deposits which cannot be removed by the above methods stainless steel wool may be used.

Note.--In no case shall steel wool (other than stainless), liquid metal polishes, or metal cleaners be used.-- ROSS T McINTIRE

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BuMed Circular Letter No. 42-91

14 October 1942

42-91

To: NavHosps (Continental)

Subj: Loan of X-Ray Films of Patients to the Veterans' Administration Facilities for Study.

1. The Medical Director of the Veterans' Administration has requested that X-ray films made in connection with the diagnosis and treatment of patients in naval hospitals, especially those suffering from tuberculosis, be made available to Veterans' Administration facilities, in which these individuals may later be patients, for study of the progress of the veterans' disability and as an aid in determining the type of treatment indicated.
2. The Medical Director has agreed that the films loaned to a Veterans' Administration facility for this purpose will be reviewed promptly and returned to the hospital for file. He will direct the field managers of veteran facilities to request X-ray films desired in connection with specific cases under consideration. It is not intended that X-ray films will be routinely forwarded to Veterans' Administration representatives as part of the process of filing individual claims.
3. Authority is hereby granted to forward X-ray films to field managers of Veterans' Administration facilities upon request.-- ROSS T MCINTIRE

BuMed Circular Letter No. 42-106

23 November 1942

To: DMOs, FltMedOfs, and ForMedOfs
Via: Comdts and COs

Subj: Improvement in Medical Service.

1. The Bureau desires fuller knowledge of the activities of the Medical Department, afloat and in the field, in order that it may be in a better position to anticipate and meet any needs as to personnel and material that may arise.
2. Fleet and force medical officers, by direct observation, and district medical officers, by questioning those who have returned from ships and advance bases, have information that would be of great value to the Bureau.
3. The Bureau desires that medical officers having the desired information or who have suggestions to make for the betterment of the services rendered by the Medical Department, communicate freely and fully at frequent intervals, with the Bureau in regard to such matters.-- ROSS T MCINTIRE

BuMed Circular Letter No. 42-109

25 November 1942

To: NavHosps (Continental)

Subj: Copies of Social Histories for the Veterans' Administration

1. The Bureau has received a request from the Administrator of Veterans' Affairs that copies of social histories of former members of the naval forces which have been obtained through the American Red Cross be furnished to the Veterans' Administration for use in connection with the adjudication of disability claims, insurance decisions and the medical study and treatment of claimants.
2. These Red Cross social histories are usually obtained for the Navy by the local chapters and cooperating civilian agencies and individuals with the understanding and pledge that the information will be held and treated as confidential. However, the chairman of the American Red Cross has expressed his willingness for copies of these reports to be furnished to the Veterans' Administration for the purposes indicated in paragraph 1.
3. In view of the fact that these social history reports are usually retained at the hospitals for file with the patients' clinical records, the hospitals are hereby authorized to furnish copies of the reports to the Veterans' Administration upon request, or if considered desirable, the originals may be loaned to the Veterans' Administration for temporary use with the understanding that they will be returned to the hospital when they have served their purpose.-- ROSS T MCINTIRE

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To: All Ships and Stations

Subj: Requirements of Water and Sodium Chloride for Personnel Working in Hot Compartments and Hot Climates.

Ref: (a) BuMed Cir Ltr No. 42-4.

1. Investigations of water and sodium chloride requirements for men working in high environmental temperatures indicate that the method of taking sodium chloride and water to avoid reactions to heat as advised in reference (a) should be modified:

2. The essential findings of these studies may be summarized as follows:

	Sodium chloride	Water
A. Best time for administration.	Not during work, but at meal-time and during rest periods especially at night.	During work, whenever the subject is thirsty.
B. Probable optimal amounts for average man working hard enough to sweat profusely.	For each hour of work, 2 grams. For each hour of rest, $\frac{1}{2}$ grams.	Enough to keep the thirst quenched at all times (as much as 12 quarts a day may be required).
C. Effect of deprivation during the day's work.	No symptoms and no measurable effects unless men are already low in salt.	Excessive thirst and fatigue, increasingly unfavorable pulse rate and rise in temperature as work continues; eventual heat exhaustion or hyperpyrexia.
D. Excess during the day's work	Excessive thirst, often gastrointestinal upsets, characterized by nausea and even by vomiting and diarrhea; relatively high pulse rate and temperature.	Occasionally uneasiness of gastrointestinal tract if iced water is drunk. Excessive amount of urination.
E. Effect of long continued deprivation (over a period of days).	Poor performance, easy fatigue; eventual heat cramps.	Decreased efficiency, excessive thirst; high fever; eventual death.

3. On the basis of the above findings, the following recommendations can be made:

(a) Water should, if possible, be made available at all times during the day for men working in hot compartments or hot weather, and they should be strongly encouraged to drink as much as they want whenever they are thirsty. By this means a very striking improvement in efficiency is gained. Water considerably in excess of the amount required to quench thirst is more beneficial than merely the amount necessary to quench thirst.

(b) When the water supply is limited, men should be taught that a hard day's work may become uncomfortable, but can be tolerated although efficiency decreases progressively throughout the day. They should be encouraged to drink as much as they wish at night and in the morning before starting to work, and instructed to consume their limited ration in small sips throughout the day.

(c) Men working in hot environment will need an average of 15 to 20 grams of sodium chloride per day. Since the average diet contains only from 10 to 15 grams a day, from 5 to 10 grams (1 to 2 level teaspoons or 7 to 15 of the 10-grain tablets) must be taken in addition. Preferably, this salt should not be administered during the day's work, but with the food and during rest periods, especially in the evening. Some men may fail to take sufficient salt with meals, and facilities for the ingestion of salt during or between watches may therefore be necessary, as advised in reference (a). In this connection, it should be noted that salt tablets frequently cause irritation of the stomach with pain and nausea, especially when swallowed whole, and therefore whenever practicable, salting the drinking water should be preferred. Five grams (a level teaspoon or 7- to 10-grain salt tablets) per gallon of water is sufficient and when ~~one~~ more is used a salty taste can barely be noticed.

(d) Excessive amounts of salt should be avoided, since they lead (1) to unpleasant symptoms of thirst, and frequently gastrointestinal irritation, with nausea and occasional diarrhea or vomiting, and (2) to a measurable decrease in efficiency for work in the heat.

4. Officers and men should be informed of this method of meeting the requirements of water and salt when working in hot environments, and of the improved physical condition and better performance that may be expected from following these instructions.-- ROSS T MCINTIRE

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BuMed Circular Letter No. 42-128

30 December 1942

42-128

To: AlNavStas and MarCorps Activities

Subj: Prescriptions Containing Narcotics; Issuance by Naval Medical Officers for Filling by Private Registered Druggist.

Ref: (a) Amendment to Internal Revenue Code. (Art. 95, Bureau of Narcotics Regulations No. 5, June 1, 1938.)

1. Reference is quoted herewith for the information of all naval medical officers:

"TITLE 26" -- INTERNAL REVENUE

Chapter 1 -- Bureau of Internal Revenue

(T. D. 33)

PART 151 -- REGULATIONS UNDER THE INTERNAL REVENUE CODE RELATING TO NARCOTICS

(Regulations No. 5)

Importation, Manufacture, Production, Compounding, Sale, Dealing in, Dispensing and Giving Away of Opium or Coca Leaves or any Compound, Manufacture, Sale, Derivative, or Preparation Thereof

AMENDMENT TO JOINT NARCOTIC REGULATIONS MADE BY THE COMMISSIONER OF NARCOTICS AND THE COMMISSIONER OF INTERNAL REVENUE WITH THE APPROVAL OF THE SECRETARY OF THE TREASURY

Section 151.95 of Part 151 -- (Regulations under chapters 23 and 27 of the Internal Revenue Code) Article 95 of Bureau of Narcotics Regulations No. 5, dated June 1, 1938, is hereby amended by adding thereto the following:

Officers of the medical corps of the Army and Navy, in the course of official medical treatment of Army and Navy personnel and members of their families entitled to receive such treatment, are required to issue prescriptions for these patients which may call for narcotic drugs or preparations. Under circumstances where the drug or preparation required by the patient for medical use cannot be furnished from official stocks, it is necessary that it be obtained, pursuant to the official prescription, from a drug store duly qualified by registration under the Federal narcotic law to fill narcotic prescriptions.

Such prescriptions, issued in the course of official professional practice only, and prepared on official blanks or stationery (such as printed forms of an army or navy hospital or dispensary) and otherwise meeting the requirements of Narcotic Regulations No. 5 (Part 151, Chapter I, of this Title) relating to narcotic prescriptions, may be filled by a duly registered druggist although they do not bear a registry number of the issuing practitioner; provided they bear the signature, title, corps, and serial or jacket number of the issuing medical officer. Such prescriptions, when filled, shall be filled with, and retained for the same period as narcotic prescriptions issued by regularly registered practitioners and filled by the druggist.

This procedure shall not apply in the case of prescriptions written by an army or navy medical officer in the treatment of a private patient, i. e., a patient not entitled to receive medical treatment from the physician in the latter's capacity as a service medical officer. In prescribing and dispensing narcotic drugs to such private persons, the officer is subject to all the requirements of the Federal narcotic law, including registration and payment of tax, as are imposed upon other physicians conducting private medical practice.-- ROSS T McINTIRE

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2 January 1943

To: All Ships and Stations

Subj: Effects of and Protection Against Chlorinated Hydrocarbons

1. The attention of all medical officers is directed to the fact that several deaths from yellow atrophy of the liver which have occurred recently in civilian cable plants have been attributed to inhalation of the fumes of chlorinated hydrocarbons.
2. Chlorinated naphthalenes and diphenyls because of their heat and moisture resisting properties, and because they are noninflammable are commonly used for insulating electric wire and cables which are so essential in practically all Navy ships.
3. A characteristic acneform dermatitis resulting from exposure to these substances has been known for a great many years. Contact with the solid wax substance as well as with the fumes will cause this condition so that the face which is exposed to the fumes and the body which is exposed to clothing saturated with the substances develop these acneform lesions. The chlornaphthalenes and the chlordiphenyls are similar in their action on the skin and liver.
4. In order to protect workers exposed to these substances, exhaust hoods with sufficient suction should be installed over all processes from which chlorinated hydrocarbon fumes are apt to arise. Persons who have had any liver disease should not work with these substances; nor should workers with a history of typhoid fever, malaria, gallstones, or other diseases known to affect the liver adversely. Persons receiving arsenical treatment for syphilis should not be further exposed in their work to potential liver poisons. Pregnant women should not be exposed because the liver, in pregnancy, appears to be peculiarly susceptible to injury.
5. Experience seems to indicate that with medical supervision of workers and proper attention to ventilation the chlorinated naphthalenes and diphenyls can be manufactured and used with safety.--ROSS T McINTIRE

BuMed Circular Letter No. 43-17

25 January 1943

To: All Ships and Stations

Subj: Restrictions and Precautions in the Use of Sulfonamide Drugs.

1. The Bureau wishes to bring to the attention of all medical officers that in addition to renal complications and other untoward affects, it is known that the oral administration of sulfonamide drugs may result occasionally in visual disturbances, impaired sensory perceptions, and impaired judgment. Evidence is accumulating that mild mental confusion, coordination defects, and other insidious manifestations may be caused by these drugs.
2. The oral administration of sulfonamides to those on a duty status should be undertaken only after careful consideration of the duties and responsibilities of the patient.-- ROSS T McINTIRE

BuMed Circular Letter No. 43-50

15 April 1943

To: All Ships and Stations

Subj: Pathological Material, Collection and Shipment of Specimens

Ref: (a) Par 16C10, Man.Med.Dept., 1945.

1. War has emphasized the pressing need for a clearer understanding of the pathology underlying many medical and surgical conditions produced by modern military and naval operations. These include the changes brought about by the abnormal physiology of flying, injuries induced by air blast and water blast; the renal complications of "crush" syndrome, damage caused by prolonged exposure to the elements, results of prolonged chemotherapy, pathology of tropical or exotic diseases and epidemic diseases of military importance. Autopsy and other pathological material from these and kindred conditions is urgently needed for study.
2. Medical Department personnel attached to fleet hospitals, epidemiological and malariological units, hospital ships and other organizations in combat areas or in regions where tropical and exotic diseases exist are particularly well situated to furnish this material. The collection of these specimens at a central depository will enable them to be used for research or teaching purposes and will provide a nucleus for a museum of war pathology.
3. It is therefore directed that all activities forward representative, adequately labeled specimens of all autopsies and of pertinent surgical material to the Medical Officer in Command, Naval Medical School, National Naval Medical Center, Bethesda, Md.

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4. Pathological specimens in adequately labeled containers shall be well packed in wooden or metal cases and addressed "Medical Officer in Command, Naval Medical School, National Naval Medical Center, Bethesda, Md." The words "Anatomical specimens" shall be stenciled or painted on each case. Cases shall be delivered to a supply officer at a port of call in the United States for forwarding by express on a Government bill of lading.

5. Autopsies should be as complete as possible and blocks should be obtained from all organs. The block should be cut not thicker than 0.5 centimeter and not less than 2 centimeters square. The simplest fixative is 10 percent formalin to which a small piece of calcium carbonate has been added. The fluid should be changed once before shipment. Unless the tissue is well fixed before shipping, the volume of the fixative should be 10 times that of the tissue.

6. Tissues which are to be studied for protozoa or for inclusion bodies in viral diseases must be fixed in Zenker's fluid or Bouin's fluid. Ten percent formalin must not be used.

Preparation of Zenker's fluid

Mercuric chloride-----	5.0 grams.
Potassium bichromate-----	2.5 grams.
Distilled water-----	100.0 cubic centimeters.

Add 5.0 cubic centimeters of glacial acetic acid just before using. Remove the tissue in 12 to 24 hours. Wash in water for 12 hours. Mail in 70 percent alcohol, tinged with iodine. Caution--do not leave tissue in Zenker's fluid longer than 24 hours.

Preparation of Bouin's fluid

Commercial formalin-----	15.0 cubic centimeters.
Saturated aqueous solution, picric acid-----	80.0 cubic centimeters.

Add 5.0 cubic centimeters of glacial acetic acid just before using. Remove the tissue in 24 to 48 hours and transfer directly to 50 to 70 percent alcohol without washing. The alcohol should be changed every 24 hours until there is no further leaching of picric acid. Ship in 70 percent alcohol.

7. The bottle containing the blocks must be legibly labeled, stating the fixative used and securely stoppered. It should then be surrounded by cotton and placed in a mailing case. The clinical history and autopsy protocol must accompany the material in the mailing case.

8. Gross specimens intended for the museum should be fixed, whenever possible, by a method that will preserve the natural colors. Two methods, Kaiserling and the carbon monoxide, are available.

THE KAISERLING METHOD

(a) The tissue is fixed for 3 to 7 days in Kaiserling I, after which it is washed in running water for 12 to 24 hours.

Kaiserling I

Potassium acetate-----	170 grams.
Potassium nitrate-----	90 grams.
Formaldehyde solution (commercial)-----	1,600 cubic centimeters.
Water-----	8,000 cubic centimeters.

(b) The tissue is placed in 95 percent alcohol for 6 to 24 hours, or until full development of the natural red color occurs. It is then washed in running water for 2 hours and placed in the final mounting solution, Kaiserling II.

Kaiserling II

Potassium acetate-----	1,720 grams.
Glycerine-----	2,000 cubic centimeters.
Water-----	10,000 cubic centimeters.
Phenol-----	20 cubic centimeters.

THE CARBON MONOXIDE METHOD

(a) The specimen is fixed for 3 to 7 days in the following solution:

Formaldehyde solution (commercial)-----	100.0 cubic centimeters.
Sodium chloride-----	1.1 grams.
Sodium bicarbonate-----	1.0 grams.
Water-----	1,000.0 cubic centimeters.

(b) After thorough fixation, illuminating gas is bubbled through the solution for 15 minutes each day until a satisfactory color is developed.

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(c) The specimen is then transferred to the final mounting solution without washing. The solution is:

Cane sugar-----	40 grams.
Chloral hydrate-----	2 grams.
Water-----	100 cubic centimeters.

Kaiserling II may be substituted as the mounting solution.

The label attached to the gross specimen should clearly state the fixative used.-- L SHELDON, Jr.

Bureau Circular Letter No. 43-68

7 May 1943

To: All Ships and Stations

Subj: Red Cross Medical and Psychiatric Social Work Graduate Students

Encl: A. Copy of ltr of American National Red Cross, 13 Apr 1943.

1. Enclosure A will be self-explanatory. The Bureau has approved the plan submitted thereby and the American Red Cross has been authorized to arrange individually with the commanding officer of each naval hospital which may be selected for this graduate student training as to the number of students to be so placed and the duties to which they are to be assigned.
2. The graduate nurses brought into this plan will be attached to the staff of the resident Red Cross field director, will be members of the Red Cross organization, and as such, will be considered as members of the Red Cross organization, and as such, will be considered as members of the hospital staff to the same limitations as other employees of the Red Cross.-- ROSS T McINTIRE

ENCLOSURE A

April 13, 1943

THE CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,
Navy Department, Potomac Annex, Washington, D. C.

DEAR SIR: The American Red Cross has established a program of scholarships for the training of a selected group of medical social and psychiatric social work students in the accredited graduate schools of social work. Such training programs consist of alternate periods of class work and field work in hospitals social service departments under the supervision of properly qualified medical social or psychiatric social workers. Following the completion of the scholarship period, these students are expected to fulfill an employment agreement for 2 years' service in Red Cross hospital staffs. It is not anticipated that the entire group of such students will ever be large.

It is our hope that some of these students can be given this necessary field work training in selected naval hospitals, under the direction and supervision of the Red Cross field directors serving in those hospitals. The number of students assigned to any one hospital would be restricted in accordance with the size of the hospital and the time the field director, or her designated representative, would be able to give to supervision without interference with her regular duties. This matter has been discussed with Capt. Joseph J. Kaveney (MC) who considered it suitable for us to request your approval of the plan. In the event your approval is given, it would be our expectation to consult fully with the commanding officer of each naval hospital where we might consider placing scholarship students for field work experience, and to make the placement only upon his specific approval.

The period of time involved in such a placement varies somewhat according to the individual school which the student attends, but in general it would amount to between 500 and 750 hours over a period of approximately 6 months' time. Usually students spend about 2½ days of the week in supervised field work, and attend classes in the school during the rest of the week. There are many such field work units in the social service departments of civilian hospitals throughout the country, and it is believed that the presence of these units stimulates the professional development of the social service departments which give the supervision. Therefore, it is our belief that the Red Cross social service staffs in naval hospitals would receive definite benefit from the experience of participating in the teaching program which we are now presenting for your consideration.

If there is any further information you would like to have concerning the training program, we shall be happy to furnish it.

We shall appreciate your consideration of our plan for assigning scholarship students in medical and psychiatric social work to field work placements in the Red Cross departments of selected naval hospitals.

Sincerely yours,

ELEANOR C. VINCENT,
Assistant National Director Military and Naval Welfare Service.

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BuMed Circular Letter No. 43-102 (RESTRICTED)

25 June 1943

43-102

To: All Ships and Stations

Subj: Radar, No Evidence of Injury to Personnel; Discontinuation of "Dental Film--Paper Fastener Test"

Ref: (a) BuMed Cir Ltr No. 42-65.
(b) BuMed Cir Ltr No. 42-107.

1. In reference (a), the Bureau of Medicine and Surgery called attention to the fact that X-rays of the "soft" type are emitted by radar equipment, and requested that radar personnel be examined periodically for evidence of X-ray effects and that a "dental film--paper fastener test" be used to determine roughly the degree of exposure.
2. During the 3 months following the distribution of this letter, more than 2,000 dental films, exposed as directed, were received. None of these revealed an exposure which definitely could be diagnosed as injurious.
3. In reference (b), the Bureau modified its instructions, allowing the development of dental film tests at the nearest naval activity with the provision that positive films be reported. The reports received so far have not contained any films indicating an exposure which could be considered dangerous in any degree to the subjects of these tests.
4. Some medical officers in special reports have called attention to clinical conditions in radar personnel which possibly could be due to X-rays. Upon investigation, none of these suspicions have been verified. A study of the personnel has recently been concluded at the radio material school where radar operators and repair men are trained. The findings of these studies were entirely negative for clinical and laboratory evidence of injurious effects.
5. These data seem to indicate that there is practically no danger of X-ray effects on radar personnel provided the equipment is shielded and operated as directed. The routine use of the "dental film--paper fastener test" may therefore be discontinued.-- ROSS T McINTIRE

BuMed Circular Letter No. 43-110

5 July 1943

To: NavHosps (Continental)
NavTraCens, NavConsTraCens
MarCorps Base (San Diego, Calif)
MarBaks (Parris Island, S. C.)

Subj: American Red Cross Psychiatric Social Service

1. In view of the heavy demands for social histories being made upon the facilities of the American Red Cross psychiatric social service by medical officers, this service is being taxed to capacity. This organization has cooperated to the fullest extent with the neuropsychiatric services of naval training stations and naval hospitals in the assembling of pertinent information which is utilized in evaluating the mental symptoms of the patient in question.
2. In an effort to increase the efficiency of this valued service, it is recommended that medical officers, requesting the services of a Red Cross worker, first determine the scope and kind of information necessary for each particular case. The Red Cross psychiatric worker should then be furnished with an outline, listing plainly the information desired.
3. In order to expedite the study of patients, all requests to the Red Cross representative for histories and confirmation should be made as early as possible, and greater care in the preparation of such inquiries will reduce to a minimum histories redundant with irrelevant material.
4. These recommendations should in no way be construed to place restrictions upon the use of this service but rather should increase its efficiency by the elimination of unnecessary data which takes time to secure and to report.--ROSS T McINTIRE

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JOINT LETTER: BuMed -- BuPers

27 July 1943

BuMed Circular Letter No. 43-117

To: NDs and NavHosps (Continental)

Subj: Transfer of Navy Patients to Veterans' Administration Facilities

Ref: (a) Pars 16B36, 3319.8, 3325.3(b), 3330, Man.Med.Dept.
(b) BuMed Cir Ltr 43-64.

Encl: A. Sample Form ltr.

1. The following instructions relating to the transfer of patients to Veterans' Administration facilities before they have been discharged from the Naval service will become effective upon receipt of this letter.

2. Patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization or institutional care shall be transferred to a Veterans' Administration facility prior to discharge, provided:

- (a) They are eligible for care and treatment by the Veterans' Administration. (See par. 3.)
- (b) They desire to be so transferred. (See par. 6.)
- (c) The transfer will not endanger the patient's life or recovery.
- (d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Bureau of Naval Personnel.

3. In accordance with the provisions of the act 17 March 1943 (Public Law 10, 78th Cong.), any person who served in the active military or naval service of the United States on or after 7 December 1941, and before the termination of hostilities in the present war, as determined by proclamation of the President of the United States or by concurrent resolution of the Congress, will attain at discharge the status of a "war veteran", and will be potentially entitled to hospitalization as a beneficiary of the Veterans' Administration provided such person was not dishonorably discharged, the need for hospital treatment is shown, and a bed is available for his reception. The provisions of this act also include members of the Women's Reserve of the Navy, Marine Corps and Coast Guard.

4. In cases meeting the qualifications listed in paragraph 2, the board of medical survey shall recommend that the patient be transferred to a Veterans' Administration facility prior to discharge from the service. The report of the board of medical survey shall be accompanied by a request for designation of a facility (see Enclosure A), and the commanding officer of the naval hospital concerned will be advised by the Medical Director of the Veterans' Administration direct, of the facility designated to receive the patient. Approval of the report of medical survey by the Bureau of Naval Personnel will constitute sufficient authority for the local commandant to issue necessary travel orders for the patient and such attendants as may be necessary.

5. Patients transferred to Veterans' Administration facilities shall be accompanied by the following records, as directed in paragraph 3 of reference (b):

- (a) Completed application for hospital treatment or domiciliary care. (V.A. Form P-10).
- (b) Completed application for Pension. (V.A. Form 526); or a statement showing that the patient does not desire to submit an application for pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record (NavMed-H-2).
- (d) A typewritten (carbon) copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NavMed-M).
- (f) A statement showing the type of discharge issued, whether honorable or otherwise.

6. Veterans' Administration Form P-10 shall be signed by the applicant (except as hereinafter provided), regardless of the line of duty status of the disability, and shall be witnessed by an officer or civilian authorized to administer oaths. Neuropsychiatric patients who are considered to be mentally competent may sign Form P-10. If the applicant be mentally incompetent, Form P-10 shall be executed for him except the answers to questions 5, 8, 9, 10, and 12; and the Form P-10 shall then be sent to the nearest relative, with instructions to complete it, sign it before a notary public or other person authorized to administer oaths, and return it to the hospital. If the applicant has no relatives, a Form P-10 may be executed for him by a friend, by the commanding officer of the hospital where he is under treatment, or by any other person that the commanding officer may designate. An applicant whose discharge is to be for disability not in line of duty, is not entitled to hospital treatment by the Veterans' Administration unless he makes affidavit on Form P-10 regarding his financial inability to defray the expense of hospital treatment; but if the discharge is for disability incurred or aggravated in line of duty, it is not essential that questions 8 and 9 of Form P-10 be answered. The words "to and", after the word "transportation" in question 10 shall be deleted.

7. The service records, health records, and pay accounts of patients transferred to Veterans' Administration facilities prior to discharge from the service shall be retained at the naval hospitals and shall be closed out and forwarded to the respective Bureaus concerned, after the patient's discharge has been

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effected. The patient's discharge shall become effective upon his delivery at the designated Veterans' Administration facility. Orders issued to the medical officer or senior hospital corpsman accompanying the patient shall include instructions for him to notify the hospital by dispatch or by such other means as may be deemed expedient of the patient's arrival and delivery to the Veterans' Administration facility. The patient's discharge certificate and check for pay and allowances due to him, including 5 cents a mile to place of acceptance, or, in the case of a Naval Reserve, to the place from which ordered to active duty, shall be mailed to him in care of the manager of the facility to which he has been transferred. The place of discharge, for all purposes, shall be the location of the Veterans' Administration facility to which a patient is transferred.

8. Patients, who at the time of discharge, do not require further medical attention, hospitalization or institutional care, and those who do not desire to be transferred to Veterans' Administration facilities, will continue to be handled as heretofore. If they desire to submit applications for pensions, the records listed in paragraph 1 of reference (b) should be prepared immediately and forwarded to the nearest Veterans' Administration regional office or facility having regional office activities. A list of these offices and activities was enclosed with reference (b).

9. The purpose of this change of procedure is to provide for and expedite the transfer to Veterans' Administration facilities as near their homes as possible of patients who have been found by boards of medical survey to be permanently unfit for the naval service by reason of physical (or mental) disabilities, and who are in need of further hospitalization or institutional care.

10. In general, this same policy shall be applied to Marine Corps patients, but due to certain differences in administrative detail concerning the handling of the records and accounts of Marines when they are transferred or discharged, a separate letter of instructions relating to this subject will be issued by the Commandant of the Marine Corps.-- ROSS T MCINTIRE -- RANDALL JACOBS

ENCLOSURE A

Form Letter

From: The Medical Officer in Command, United States Naval Hospital.

To: The Medical Director, Veterans' Administration, Washington, D. C.

Via: The Chief of the Bureau of Medicine and Surgery.

Subj: Transfer of Naval Patient to the Veterans' Administration; request for designation of facility.

Ref: (a) BuMed & BuPers Joint ltr 43-117.

1. A board of medical survey has recommended that the following named man be transferred to a Veterans' Administration facility and then discharged from the naval service by reason of physical disability, in accordance with the instructions in reference. It is requested that a facility be designated to receive him.

Name-----	Rate-----
Place of birth-----	Date-----
Disability-----	Race-----
Type of proposed discharge-----	Line of duty: (Yes) (No)*
Home address-----	(Honorable) (Ordinary)*
Name of nearest relative-----	Relationship-----
Address of nearest relative-----	

*Line out words not applicable.

2. The following records will accompany this patient to the designated facility:

- (a) Completed application for hospital treatment or domiciliary care. (V.A. Form P-10).
- (b) Completed application for Pension. (V.A. Form 526); or a statement showing that the patient does not desire to submit an application for pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NavMed-H-2).
- (d) A typewritten (carbon) copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NavMed-M).
- (f) A statement showing the type of discharge issued, whether honorable or otherwise.

(Signature)

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BuMed Circular Letter No. 43-124

3 August 1943

To: All Ships and Stations

Subj: Collection of Mosquito Specimens

Encl: A. Directions for collecting, packing, and shipping mosquitoes

1. It is requested that entomologists and malariologists collect and send to the Naval Medical School, Bethesda, Maryland, mosquito larvae and adults, in accordance with enclosure A.
2. The National Museum, which will identify the specimens, and the naval medical school appreciate this opportunity of building up a complete world-wide collection. The collection will be of tremendous value not only for use in identification of unknown material but also in the preparation of keys, descriptions, manuals, teaching materials, etc. The importance of having available a complete collection as an aid for identification, especially in insular regions, cannot be overemphasized.
3. All specimens should be addressed as follows:

Medical Officer in Command,
National Naval Medical Center,
Naval Medical School,
Bethesda 14, Maryland.
Attention: Dr. Alan Stone, National Museum.-- L SHELDON, Jr.

ENCLOSURE A

DIRECTIONS FOR COLLECTING, PACKING, AND SHIPPING MOSQUITOES

(a) Specimens requested.--A series of specimens, if possible, of at least 10 males, 10 females, and 10 larvae, representing each species to be found in the collector's area, is desirable. Frequently this is not possible. In such cases an incomplete collection is better than none at all. The condition of the specimens is of particular importance as they will be used for the purpose of study and illustration. The identification of the species by the collector is not necessary. Upon receipt of the material, a list of the specimens with their identification will be forwarded to the collector as an acknowledgment.

(b) Directions for packing and shipping.

(1) Larvae.--Mosquito larvae may be killed by any means so long as they do not become distorted in shape or discolored. A convenient method is to drop them in hot water (not boiling) for 15 or 20 seconds. They should be preserved and shipped in 70 percent alcohol. In transferring larvae from water it is best to first place them in 50 percent alcohol for larvae from water it is best to first place them in 50 percent alcohol for about an hour, then into the 70 percent. To avoid injury in transit by movement of any air bubble in the container, place the larvae in a smaller vial or shell vial filled with alcohol and plugged with cotton, then place this in larger vial with alcohol. A small air bubble should be present in larger container to allow for expansion. Any number of larvae may be placed in the small vial so long as the specimens do not become crushed.

(2) Adults.--Mosquito adults when dry are exceedingly delicate. Specimens are best packed while fresh and placed in pill boxes between layers of cellu-cotton or cleansing tissue. Plain cotton is unsatisfactory because of injury to specimens when removed. Lense paper is too hard. Ten or more specimens may be packed in a pill box. They should have sufficient packing to prevent any movement, but not so much that they become crushed or rubbed. If any naphthalene is placed in the box, care must be taken that it is in very fine flakes and that it will not move about and come in contact with specimens.

(3) Labeling and shipping.--Full data for each lot of specimens should be recorded and enclosed with each pill box or in each vial. If it is necessary to send data separately each box and vial should be numbered. The corresponding number should be placed with the collecting data. Data should include date, locality, elevation, habitat, and name of collector. Additional notes on habits, abundance, and distribution are desirable.

All specimens should be sent to the Naval Medical School, Bethesda, Maryland, attention: Dr. Alan Stone, National Museum.

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BuMed Circular Letter No. 43-136

19 August 1943

To: NavHosps and MarCorps Activities

Subj: Transfer of Marine Corps Patients to Veterans' Administration Facility.

Ref: (a) Pars. 16B36, 3319.8, 3325.3(b), 3330, Man.Med.Dept.
(b) BuMed Cir Ltr No. 43-64.

Encl: A. Form of request for designating a Veterans' Administration facility.

1. The following instructions relating to the transfer of patients to Veterans' Administration facilities before they have been discharged from the naval service will become effective upon receipt of this letter.

2. Patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization or institutional care shall be transferred to a Veterans' Administration facility prior to discharge, provided:

- (a) They are eligible for care and treatment by the Veterans' Administration. (See par. 3.)
- (b) They desire to be so transferred. (See par. 6.)
- (c) The transfer will not endanger the patient's life or recovery.
- (d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Commandant, United States Marine Corps.

3. In accordance with the provisions of the act of 17 March 1943, (Public Law 10, 78th Cong.), any person who served in the active military or naval service of the United States on or after 7 December 1941, and before the termination of hostilities in the present war, as determined by proclamation of the President or by concurrent resolution of the Congress, will attain at discharge the status of "war veteran," and will be potentially entitled to hospitalization as a beneficiary of the Veterans' Administration provided such person was honorably discharged, the need for hospital treatment is shown, and a bed is available for his reception. The provisions of this act also include members of the women's reserve of the Navy, Marine Corps, and Coast Guard.

4. In cases meeting the qualifications listed in paragraph 2; the board of medical survey shall recommend that the patient be transferred to a Veterans' Administration facility prior to discharge from the service. The report of the board of medical survey shall be accompanied by a request for the designation of a facility (see enclosed form), and the commanding officer of the Naval Hospital concerned will be advised by the medical director of the Veterans' Administration direct, of the facility designated to receive the patient. Approval of the report of medical survey by the Commandant, United States Marine Corps will include authority for the commanding officer of the Marine Corps unit, to which the patient is attached, to issue the necessary travel orders to the Veterans' Administration facility.

5. Patients transferred to Veterans' Administration facilities shall be accompanied by the following records, as directed in paragraph 3 of reference (b):

- (a) Completed application for hospital treatment or domiciliary care. (V.A. Form P-10.)
- (b) Completed application for pension (V.A. Form 526) or a statement showing that the patient does not desire to submit an application for a pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record (NavMed-H-2).
- (d) A typewritten (carbon) copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NavMed-M.)
- (f) A copy of orders for discharge showing type of discharge whether honorable or otherwise.

6. Veterans' Administration Form P-10 shall be signed by the applicant (except as hereinafter provided), regardless of the line of duty status of the disability, and shall be witnessed by an officer or civilian authorized to administer oaths. Neuropsychiatric patients who are considered to be mentally competent may sign Form P-10. If the applicant be mentally incompetent, Form P-10 shall be executed for him except the answers to questions 5, 8, 9, 10, and 12; and the Form P-10 shall then be sent to the nearest relative, with instructions to complete it, sign it before a notary public or other person authorized to administer oaths, and return it to the hospital. If the applicant has no relatives, a Form P-10 may be executed for him by a friend, by the commanding officer of the hospital where he is under treatment, or by any other person that the commanding officer may designate. An applicant whose discharge is to be for disability not in line of duty, is not entitled to hospital treatment by the Veterans' Administration unless he makes affidavit on Form P-10 regarding his financial inability to defray the expense of hospital treatment; but if the discharge is for disability incurred or aggravated in line of duty, it is not essential that questions 8 and 9 of Form P-10 be answered. The words "to and," after the word "transportation" in question 10 shall be deleted.

7. The service records, and pay accounts of patients transferred to Veterans' Administration facilities prior to discharge from the service shall be retained by the organization carrying the patient on its rolls and shall be closed out and forwarded to headquarters, United States Marine Corps, after the patient's discharge has been effected. The health records of patients concerned will be retained at the

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hospital, and closed out and forwarded to the Bureau of Medicine and Surgery after the patient has been discharged. The patient's discharge shall become effective upon his delivery to the Veteran's Administration facility. The patient's discharge certificate and final settlement of accounts, including travel allowances from the Veterans' Administration facility where discharge is effected to place of acceptance, or, in the case of a Marine Corps reservist, to the place from which ordered to active duty, shall be mailed to him in care of the manager of the facility to which he has been transferred. The place of discharge, for all purposes, shall be the location of the Veterans' Administration facility to which a patient is transferred.

8. Patients, who at the time of discharge will not require further medical attention, hospitalization or institutional care, and those who do not desire to be transferred to Veterans' Administration facilities, will continue to be handled as heretofore. If they desire to submit applications for pensions, the records listed in paragraph 1 of reference (b) should be prepared immediately and forwarded to the nearest Veterans' Administration regional office or facility have regional office activities. A list of these offices was enclosed with reference (b).

9. The purpose of this change of procedure is to provide for and expedite the transfer of Veterans' Administration facilities as near their homes as possible of patients who have been found by boards of medical survey to be permanently unfit for the naval service by reason of physical (or mental) disabilities, and who are in need of further hospitalization or institutional care.-- ROSS T McINTIRE -- THOMAS HOLCOMB

ENCLOSURE A

Form Letter

From: The Medical Officer in Command, United States Naval Hospital,

To: The Medical Director, Veterans' Administration, Washington, D. C.

Via: The Chief of the Bureau of Medicine and Surgery.

Subj: Transfer of Marine Corps patient to the Veterans' Administration; request for designation of facility.

Ref: (a) ComdtMarCorps & BuMed joint ltr. dated 10 Aug 1943, P3-2/HE(021).

Encl: Copy of report of board of medical survey.

1. A board of medical survey has recommended that the following named man be transferred to a Veterans' Administration facility and then discharged from the naval service by reason of physical disability, in accordance with the instructions in reference. It is requested that facility be designated to receive him.

Name-----	Rate-----
Place of birth-----	Date-----
Disability-----	Line of Duty: (Yes) (No)*
Type of proposed discharge-----	(Honorable) (Ordinary)*
Home address-----	
Name of nearest relative-----	Relationship-----
Address of nearest relative-----	

*Line out words not applicable.

2. The following records will accompany this patient to the designated facility:

- (a) Completed application for hospital treatment or domiciliary care. (V.A. Form P-10.)
- (b) Completed application for pension. (V.A. Form 526); or a statement showing that the patient does not desire an application for pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NavMed-H-2.)
- (d) A typewritten (carbon) copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NavMed-M.)
- (f) A copy of orders for discharge showing type of discharge whether honorable or otherwise.

(Signature)

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BuMed Circular Letter 43-139

23 August 1943

To: NDs and NavHosps

Subj: Transfer of Navy Patients to Veterans' Administration Facilities.

Ref: (a) BuMed - BuPers letter No. 43-117.

1. The medical director of the Veterans Administration has requested that the following statement be included on the request for designation of a facility (see enclosure A with reference in all cases where the patient is to be discharged from the service by reason of disability not incurred in the line of duty:

"Affidavit has been made on Form P-10 that patient is not financially able to pay the necessary expenses of hospital or domiciliary care."

2. The requests for designation of Veterans' Administration facilities should be submitted in duplicate.
--DALLAS G SUTTON

JOINT LETTER: BuMed -- BuShips

6 September 1943

BuMed Circular Letter No. 43-143 (RESTRICTED)

To: All Ships and Stations

Subj: Luminous Materials for Shipboard Use.

1. Because of a definite need for some form of luminescent markers aboard ships, the Bureau of Ships, at the request of certain units and forces of the fleet, made available two types of radioactive markers:

(a) Personnel markers, radioactive.--This type of button is the Navy counterpart of the United States Army Corps of Engineers Type I, radioactive marker button. It consists of a spot of radioactive luminous material approximately 1 inch in diameter enclosed in an optically clear plastic case which in turn is held in a steel (sheet) bezel, with a spring clip attached to the back. These buttons are furnished complete with canvas bags, and are shipped 24 in a lead-lined metal container. Each button contains approximately 10 micrograms of radium in the form of radium sulphate, and has a brightness decreasing slightly from 8 microlamberts with age. The luminous material is the characteristically green-colored compound normally used in watch and instrument dial making. This color is located in the portion of the spectrum most effectively seen by the dark-adapted eye, and is of a nature that is easily "picked up" by parafoveal (corner of the eye) vision. Under normal operating conditions, the button is plainly visible at 10 feet, perceptible at 50 feet, at the approximate threshold of visibility at 100 feet, and invisible at 200 feet. If a number of buttons are clustered together, all facing the same direction, the above distances will be increased directly as the square root of the number of buttons. Lines of buttons, or patterns, in which the minimum distance between any 2 buttons is 5 feet, however, have visibility distances equal to those of a single marker. Bureau of Ships Specification 17-I-26 (INT) has been amended as of 1 May 1943 to include this marker button, which is being supplied to the Corps of Engineers (U.S. Army) in accordance with their specification T-1249-B.

(b) Plastic tubing, radioactive.--Each unit consists of one 5-foot length of three-sixteenths-inch plastic tubing, filled with radioactive luminous compound. The tubing is flexible, and it is furnished with spring fasteners so that it may be used in loops, or so that several lengths may be joined to form a long luminous line. It has a brightness of approximately 5 microlamberts. Bureau of Ships Specification 17-I-26 (INT) of 1 May 1943 provides for this type of material. This tubing has excellent weathering characteristics.

2. As these materials have proved their usefulness through use by the amphibious forces in recent night operations, the Bureau, as directed by the Vice Chief of Naval Operations, now authorizes the following tentative distribution for all ships in commission, exclusive of district craft:

(a) For each ship:

- (1) Five 5-foot lengths of luminous (radioactive) plastic tubing.
- (2) Ten luminous (radioactive) personnel-type marker buttons.

(b) Additional for each 20 men in complement:

- (1) One 5-foot length of luminous (radioactive) plastic tubing.
- (2) One luminous (radioactive) personnel-type marker button.

(c) Additional for each cargo hatch, cargo boom, crane, and boat of 30 feet or larger:

- (1) Four 5-foot lengths of luminous (radioactive) plastic tubing.
- (2) Four luminous (radioactive) personnel-type marker buttons.

3. It should be noted that allowances indicated above are tentative only. In the event that commanding officers of units of forces afloat consider these allowances to be excessive or inadequate to meet operational needs, it is requested that the Bureau be so informed, and also be advised of appropriate comments and recommendations.

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4. In order to facilitate distribution of the above, the following stocks are being set up by the Bureau as the material becomes available. (The tubing is being delivered at the rate of 2,000 lengths per week, and the buttons will be delivered at the rate of 10,000 per week beginning the middle of August.) Ships are requested to consider this material as supply-officer-furnished and therefore requisition the proper allowance directly from the most convenient of the bases listed below. After depletion of the initial stock, bases other than the naval supply depots at Oakland and Norfolk should consider these two activities as a source of supply, and direct requests for additional quantities accordingly:

Base	Tubing	Personnel Buttons	Base	Tubing	Personnel Buttons
NSD, Oakland-----	2,000	5,000	GLEN 93-----	2,000	5,000
NSD, Norfolk-----	2,000	5,000	PITH 93-----	2,000	5,000
FRAY 93-----	2,000	5,000	FEAR 93-----	2,000	5,000
EPIC 93-----	2,000	5,000	SPDC Dutch Harbor----	2,000	5,000
LEFT 93-----	2,000	5,000			

5. Inasmuch as the above materials contain small quantities of radium, the following precautions are included as a safety measure in the handling of large quantities of these units, although under normal use-age no danger to personnel exists:

- (a) No more than five buttons may be worn simultaneously 5 hours per day, day after day, without exceeding the safe tolerance limits for gamma-ray radiation.
- (b) A box of 24 buttons should not be carried for more than 2 hours in any 1 day by a single person.
- (c) The minimum safe working distance (8 hours per day, day after day) from 5 boxes (24 buttons to the box) is about $1\frac{1}{2}$ feet; from 10 boxes, 2 feet; from 20 boxes, 3 feet; from 50 boxes, 4 feet. As in the case of all radiation, the intensity varies inversely with the square of the distance.
- (d) One plastic tubing may be worn 5 hours per day, day after day, without exceeding the tolerance limit.
- (e) If two or more plastic tubings are worn, their use should be restricted to actual requirements.
- (f) The minimum safe working distance (8 hours per day, day after day) from 100 lengths of tubing is 3 feet; from 500 lengths of tubing, 5 feet.
- (g) The most serious danger associated with radioactive material is from the ingestion or inhalation of the material. In the case of these markers, this danger is completely absent as long as the markers remain intact. In view of this, they should not be tampered with in any way that will expose the luminous compounds, and BROKEN UNITS SHOULD BE DISPOSED OF IMMEDIATELY.
- (h) Attention is invited to the fact that these materials should not be stored within a radius of 50 feet of unexposed photographic film. Nonobservance of the above may result in detrimental fogging of the film.

6. Two other materials designed to facilitate shipboard movements of personnel during darkened-ship conditions are under development by the Bureau and will be available in quantity in the near future. These are:

(a) Deck markers, radioactive.--The deck-marker button is an adaptation of the personnel button. Without the pocket clip on the back, the marker is fitted with a thin steel washer, tapped to take two machine screws which fit through the two hollow rivets holding the plastic to the steel bezel. In use, the steel washer is to be welded to the bulkhead or deck and the button screwed to it. On injury to the buttons through breakage or scuffing, the screws may be removed and the buttons replaced. Technically the marker proper is no different from the personnel marker and all the details on visibility given previously apply also to this. Provision has also been included in the 1 May 1943 revision of the Bureau of Ships specification 17-I-26(INT) for these markers. It is pointed out that these deck markers, when installed so that the minimum distance between buttons is 5 feet, do not enable personnel to exceed the limits of gamma-ray exposure at any time.

(b) Phosphorescent tape--Adhesive backing.--While the above self-luminous materials are thought to be applicable to most problems of marking during darkened-ship operations, rolls of phosphorescent, pressure-sensitive adhesive-backed tape will be procured and distributed as an added facility. Because of the experimental nature of this material, it is thought its use should be confined to supplementing the materials listed above. This tape is designed for short-time operations and is not recommended for continuous use for periods exceeding 1 week. It must be applied in locations where it will, previous to the required time of use, receive more than 1 hour of exposure to daylight or any incandescent-light source. This exposure is necessary to activate the tape and the material will be useless without it. It should be noted that in this respect the phosphorescent tape differs from the radioactive materials described in paragraph (2) above, as they are self-activated and do not require exposure to any form of radiation prior to use. The precautions outlined in paragraph (5) do not apply to the phosphorescent tape, as it gives off no harmful radiation.

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7. Although the uses to which all forms of the luminous material may be put will primarily be dictated by specific operations and ingenuity of personnel, the following notes are forwarded to acquaint ship personnel with present application knowledge:

(a) Personnel markers.--Primarily designed for personnel use, i.e., designation of position, rank, station, or casualty, this button may be clipped to cargo, cargo nets, blocks, davits, small boats, or taped to bulkheads, hatches, etc. Because of the construction of these markers, they may be exposed to rain and sun with little or no effect on their efficiency.

(b) Plastic tubing.--This material is mainly useful in marking of cargo, cargo hatches, booms, small boats, landing craft, etc. Lengths may be joined to form a continuous path up ladders and across the darkened decks to guide disembarking troops. The tubing is not recommended for personnel use, although this can be done to the extent indicated in paragraph 5(d) and 5(e).

(c) Deck markers.--These markers may be welded to ladders, hatches, and obstacles whose presence requires delineation during periods of darkness to facilitate movement of personnel or handling of gear or cargo. It is suggested that they be placed, as needed, at intervals of 5 feet--inasmuch as it has been estimated that a deck installation of 400 buttons, so spaced, would be invisible at distances greater than 200 feet. Trial installations are now being made on 4 destroyers of the Atlantic Fleet, and further instructions with regard to these markers will be available when the markers are issued.

(d) Phosphorescent type.--This is intended for temporary use only, primarily where large-scale deck movements are contemplated for a specific operation. As a short-time emergency measure it may be used for all purposes for which radioactive material has been recommended--if time for activation is permitted. (See par. 6(b)).

8. By separate correspondence the Bureau will include the equipment listed in paragraph 2 in the machinery master allowance and in the allowance lists of the types of vessels affected. Comments and recommendations of the fleet, force, type, and sea-frontier commanders with regard to the needs for other forms of fluorescent, phosphorescent, or radioactive materials for use during darkened-ship operations are requested.
--ROSS T McINTIRE -- E W MILLS

BuMed Circular Letter No. 43-146

11 September 1943

To: NavHosps

Subj: Donations of Money to Naval Hospitals; Disposition of.

Ref: (a) Par. 16A10.3, Man.Med.Dept.

(b) BuPers Regulations for Ships Service and Welfare Depts., Ashore, Revised 1942 (BuPers ltr Pers-1471-jbs/JF(1116), 20 Aug 1942, as amended.

1. In a number of recent instances, associations, groups of citizens, or individuals have presented gifts of money to commanding officers of naval hospitals to be used for the welfare, comfort, and recreation of patient personnel. Some of such gifts have been reported to the Bureau with request for instructions, others have been turned over to the local Red Cross chapters, and still others have been retained for disbursement by commanding officers. The sums involved have been in varying amounts up to several thousand dollars.

2. These funds have been given because of the patriotism of the donors and usually with the intent that they shall be expended by the hospital to which presented. The Bureau appreciates and values the motive behind these gifts and is in accord with their purpose. It is believed necessary, however, that a definite and uniform method be prescribed for their receipt, custody and disbursement. It is accordingly directed:

(a) That all money donated to a naval hospital shall be immediately reported to the Bureau, stating the name of the donor and the purpose and amount of the gift, with request for instructions.

(b) The donation, cash or check, shall be deposited in the welfare fund of the hospital.

(c) On receipt of Bureau acknowledgment of report of the gift and Bureau clearance thereof, the money then will be disbursed by the commanding officer for the benefit of the personnel of the command under the safeguards prescribed by reference (b) for receipt, custody, disbursement, and accountability of welfare department funds, i.e., those relating to profits of the ships service department.

(d) In event funds have been donated or are in hand for welfare purposes and a welfare department has not been established at the naval hospital, authority shall be requested of the district commandant, under the provisions of article 1422 (2) (a), Navy Regulations, to establish a welfare department organization for the purpose of handling funds (other than appropriated funds) for welfare purposes.--ROSS T McINTIRE

BuMed Circular Letter No. 44-8

11 January 1944

To: NavHosps (all types - continental)

Subj: Transfer of Naval and Marine Corps Patients to Veterans' Administration Facilities.

Ref: (a) BuMed - BuPers Joint Ltr No. 43-117.
(b) BuMed Cir Ltr No. 43-139.

1. The following paragraphs are quoted from a letter just received by the Bureau from the Administrator of Veterans' Affairs, Veterans' Administration, Washington, D.C., relative to the transfer of Navy, and Marine Corps patient to Veterans' Administration facilities, for your information and guidance.

"I am confident you are cognizant of the necessity for the prompt transfer of patients in naval hospitals to our facilities after the Medical Director has designated the proper Veterans' Administration facility for the reception of the individual patient, so as to permit us to utilize the reserved beds for these and other beneficiaries to the fullest advantage, since many of our facilities are maintaining waiting lists of applicants for hospitalization.

"Although it is recognized some difficulties are being experienced in arranging for railway accommodations, it is believed there should be a definite time limit placed by Veterans' Administration facilities in the reservation of beds for the reception of patients discharged from naval hospitals, and that a 30-day time limit for holding allocated beds would be equitable.

"Accordingly, effective January 15, 1944, Medical Form 2834--Designation of hospital for patients of armed forces--when returned to the commanding officers of the naval hospital requesting the designation, will carry a statement in all classes of patients, i.e., general, tuberculous and neuropsychiatric, that a bed will be reserved at the designated Veterans' Administration facility for a period of 30 days from date.

"If it is determined after the designation of the facility has been received by the commanding officer of the naval hospital, that the transfer of the patient will not be made, the manager of the designated Veterans' Administration facility should be advised and a copy of the communication to the manager be forwarded to the medical director, Veterans' Administration, Washington, D.C., for his information and necessary action. In the event it will not be possible to complete the transfer within the 30-day limit, request should be made by the commanding officer to the medical director for the redesignation of a hospital for the reception of the patient, referring to previous correspondence in the individual case.-- ROSS T McINTIRE

BuMed Circular Letter No. 44-12

21 January 1944

To: NavHosps (all types - continental)

Subj: Notification of Recommendation for Discharge for Physical Disability of Enlisted Personnel of the United States Marine Corps.

1. The Commandant, United States Marine Corps, has requested that when a Board of Medical Survey recommends that an enlisted man of the United States Marine Corps be discharged for physical disability, the commanding officer of the Marine Corps unit in which his service record and accounts are carried be notified of this recommendation. This is desired in order that the Marine Corps commanding officer may initiate action to insure that the man's records and accounts are in such form as will permit discharge immediately upon receipt of orders from headquarters.

2. It is directed that Marine Corps commanding officers concerned be notified as requested. This notification may be in the form of a memorandum, letter, or if more convenient, a copy of the Report of Medical Survey.--ROSS T McINTIRE

BuMed Circular Letter No. 44-16

26 January 1944

To: All Ships and Stations

Subj: Control of Streptococcal Diseases

1. It is directed that no naval activity institute a sulfonamide prophylaxis program for any purpose without prior approval of this Bureau. -- ROSS T McINTIRE

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BuMed Circular Letter No. 44-18 (RESTRICTED)

28 January 1944

To: All Ships and Stations

Subj: Medical Stores, Narcotics, Safeguarding of

Ref: (a) Arts. 1194 and 1218, Navy Regulations.

(b) Par. 12B22, MMD.

(c) Art. 194, Treasury Department, Bureau of Narcotics, regulations No. 8, 6-1-38.

1. Losses of morphine syrettes from the medical kits maintained at dispersed locations have been reported.

2. The necessity for providing widely dispersed medical stores, including narcotics, ready for immediate use in the treatment of combat casualties, in ships traveling through, and at bases located in combat areas is imperative. The risk of pilfering and misapplication of narcotics, both from the viewpoint of destroying preparations made and diversion into illegal use, is great, but is considered necessary.

3. Every effort should be made to safeguard medical stores, particularly narcotics, which are provided for treatment of battle casualties, and to insure the material will be available when required. The following measures are recommended:

(a) Daily inspection, and verification of contents.

(b) Placing responsibility for the security of dispersed kits upon division officers, petty officers, sentries, or personnel constantly in the vicinity, so far as is practicable.

(c) Removing kits to a secure place prior to entering port outside active combat areas, and redistribution after departure.

(d) Use of seals. Sealing does not prevent pilfering, but tends to deter "curious" tampering.

(e) Indoctrination of personnel as to the importance of the security of medical stores dispersed for combat casualty treatment, and the fact that injured personnel may be unable to obtain adequate treatment if necessary medical stores are not available at the several locations.

4. Since reference (c) may not be available, it is quoted hereunder:

"Art. 194: Procedure in Case of Loss: Where, through breakage of the container or other accident, otherwise than in transit, narcotics are lost or destroyed, the person having title thereto shall make affidavit as to the kinds and quantities of narcotics lost or destroyed and the circumstances involved, and immediately forward the affidavit to the narcotic district supervisor. A copy of such affidavit shall be retained and filed with the other narcotic records. See appendix for list of narcotic district supervisors, their headquarters, and States embraced.

Where narcotics are lost by theft, or otherwise lost or destroyed in transit, the consignee shall immediately upon ascertainment of the occurrence file with the narcotic district supervisor a sworn statement of the facts, including a list of the narcotics stolen, lost, or destroyed, and documentary evidence that the local authorities were notified. A copy of the sworn statement shall be retained and filed with the other narcotic records of the consignee.

A loss in transit does not authorize a vendor to duplicate a shipment on the same order form. A separate order form covering each and every shipment of narcotics is required."

5. Any losses of narcotics shall be reported to BuMed, and to the nearest Bureau of Narcotics Office, as required by reference (c). -- ROSS T MCINTIRE

BuMed Circular Letter No. 44-30

17 February 1944

To: All Ships and Stations

Subj: Medical Stores, Solicitation and Acceptance of From Civilian Agencies.

Ref: (a) BuMed Cir Ltr No. 43-151.

(b) SecTreasury ltr, 24 Nov 1942 to SecNav.

(c) SecNav ltr JAG:J:HJM:amp, SO6-3013, 2 Jul 1943 to BuMed.

1. The Bureau has been informed of several instances in which commanding officers and medical officers have requested and accepted medical stores from civilian agencies. Solicitation of services or material from civilian agencies or individuals is not approved, except as authorized by reference (a).

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2. The Second War Powers Act, approved 27 March 1942, authorizes acceptance or rejection of voluntary donations by the Secretary of the Treasury, and specifies the conditions under which such gifts may be accepted and reports to be made. The Secretary of the Treasury has authorized the Secretary of the Navy to act for him in certain instances, reference (b). SecNav has in turn delegated authority to accept donations of items of minor value to the Chief, BuMed, and required periodic reporting of donations accepted, reference (c).

3. In view of the foregoing, donations of medical stores or other services and materials by civilian agencies or individuals may not be accepted by ships and stations except as authorized by reference (a) or otherwise specifically authorized. Civilian agencies or individuals desiring to donate medical stores to the Navy should be advised to communicate with the Bureau of Medicine and Surgery, stating the name of the prospective donor, a description of the items offered, the quantity, and the approximate value.--
ROSS T MCINTIRE

BuMed Circular Letter No. 44-40

6 March 1944

To: All Ships and Stations

Subj: Dysenteries--Diagnosis and Treatment.

Ref: (a) "Notes on Tropical and Exotic Diseases of Naval Importance," United States Naval Medical School, National Naval Medical Center, Bethesda, Md. (Aug 1943.)
(b) BuMed Cir Ltr No. 42-105.

1. Reference (b) is hereby canceled.

2. Attention of all medical officers is invited to reference (a). This pamphlet contains in condensed form the latest ideas and instructions concerning diagnosis and treatment of tropical diseases. The intention of this letter is to invite particular attention to the dysenteries frequently or commonly incident to troop operations in tropical countries.

3. In order to reduce the occurrence of diarrhea and dysentery aboard ship and among troops operating on shore, it is of utmost importance that medical officers diagnose these diseases promptly and correctly, and apply the curative remedies now available.

4. Laboratory means of diagnosis of both bacillary and amoebic dysentery are often now available on ships or in combat zones ashore. It therefore frequently becomes necessary to make the diagnosis on epidemiological and clinical features, and by the use of specific drugs. For this purpose it is particularly important to keep in mind and observe the following features:

(a) Bacillary dysentery is by far more common than amoebic dysentery. Even in areas where dysenteries and diarrheas are very common, less than 10 percent are of amoebic origin.

(b) Bacillary dysentery is epidemic; amoebic dysentery sporadic. Whenever an epidemic of dysentery or diarrhea breaks out, it should be assumed that it is of bacillary, rather than amoebic, origin. Under conditions of very gross fecal pollution of food or water, the frequency of amoebic dysentery may, however, approach epidemic proportions, but this is rare. Outbreaks of so-called food poisoning caused by the Salmonella and other groups of organisms must be kept in mind, but they are usually readily recognized on their diagnostic relation to the ingestion of the infected food.

(c) Bacillary dysentery, when severe, is a prostrating disease associated with high fever, leukocytosis, and severe toxic effects. Amoebic dysentery, on the other hand, even though severe with 15 to 20 bowel movements a day, is usually a "walking dysentery" associated with relatively mild constitutional symptoms.

(d) The stools of bacillary dysentery are mostly sero-sanguineous pus with albuminous odor, while the stools of amoebic dysentery consist of a foul-smelling mixture of feces, blood, and brownish, jelly-like mucus.

(e) Should the above features not appear sufficiently diagnostic, the therapeutic test by emetine should be resorted to without delay or hesitancy. Emetine hydrochloride, 0.06 gram (1 grain), should be given subcutaneously on 2 successive days. If amoebic in nature, there will be a striking improvement within 24 to 48 hours so very apparent to both the patient and medical officer that its recognition can hardly be overlooked. For practical purposes, no exceptions to this diagnostic effect of emetine need to be considered.

5. Effective and curative remedies for both bacillary and amoebic dysentery are now available.

(a) Bacillary dysentery.

(1) Sulfadiazine is the drug of choice, with sulfathiazole as second. The initial dose of both of these drugs is 2.0 grams (30 grains), followed by 1.0 gram (15 grains) every 6 hours until symptoms subside, or until two successive stool cultures are negative. The Flexner strain of organism responds so well to the above drugs in the dosage indicated that not infrequently the above-mentioned dose can be reduced to one-half. Occasionally some cases, especially those due to the Sonne strain, develop a resistance to all of the sulfonamides with the exception of sulfasuxidine. If response is poor after the fourth or fifth days' treatment with other sulfonamides, a change to sulfasuxidine is indicated. While taking these drugs it is important that an adequate water intake be maintained to prevent kidney damage.

(2) Sulfaguanidine was formerly recommended for treatment of bacillary dysentery, but subsequent studies have shown it to be so insoluble that nine-tenths of the drug passes unchanged through the bowel in crystalline form.

(3) In severe cases, fluid intravenously is usually required to relieve dehydration. Plasma or blood should not be given until dehydration is completely relieved.

(4) Antitoxic serum for Shiga infections is now available on the Supply Catalog, Medical Department, United States Navy. It is monovalent and should be used only when the Shiga bacillus (*Shigella dysenteriae*) has been shown to be the etiological agent. Dose: 40-80 cubic centimeters repeated daily until the toxemia and dysentery abate. It may be given intramuscularly into the buttocks or intravenously. If the latter route is used, serum should be given slowly in 500 cubic centimeters of normal saline.

(5) To relieve the abdominal pain and insure rest, camphorated tincture of opium, codeine, or morphine should be given.

(6) Vitamins, particularly B and C, should be given freely to replace the loss incident to the disease, to hasten recovery, and to strengthen resistance against recurrences.

(b) Amoebic dysentery.

(1) Give emetine hydrochloride, 0.06 gram (1 grain), subcutaneously once a day for 5 days.

(2) Beginning on third day of the emetine therapy, give carbarsone, 0.25 gram, by mouth 3 times a day for 7 days.

(3) After an interval of 7 days, give vioform, 0.25 gram, or pulvis chiniofoni (yatren), 1 gram (15 grains), by mouth 3 times a day for 7 days.

Note 1.--When no gastro-intestinal irritation or other toxic effects of these drugs develop, the interval between the courses may be shortened or eliminated.

Note 2.--Diodoquin (Searle) now appears in the Army Medical Supply Catalog, but as yet has not been placed on the Supply Catalog, Medical Department, United States Navy. It is related chemically to vioform. When vioform or pulvis chiniofoni (yatren) is not available, diodoquin can be substituted for these drugs following the first course of carbarsone, and the second course of carbarsone can be omitted. When used to replace vioform or yatren give diodoquin, 0.6 gram (9 grains), 3 times a day for 20 days.

(c) Amoebic abscess.

(1) In the presence of amoebic dysentery, amoebic abscess of the liver must be kept in mind. With typical symptoms this complication can usually be readily recognized but frequently the clinical picture is obscure, with such indefinite symptoms as a run-down condition, loss of weight, some fever, and perhaps slight pain over the liver.

(2) Emetine is a specific for amoebic abscess. Give emetine hydrochloride, 0.06 gram (1 grain), subcutaneously daily for 8 to 10 days. If necessary and if toxic effects (chiefly myocardial damage) do not preclude, repeat at intervals of 15 to 20 days. When 6 doses of emetine have been given, start treatment for eradication of the parasite in the intestines by means of carbarsone and vioform as outlined.

(3) Aspiration may be required for large abscesses; open operation must be the last resort.--
ROSS T McINTIRE

10 March 1944

To: All Ships and Stations

Subj: Procedure for the Preparation and Submission of Medical Records and Reports of Army Patients in Overseas Navy Medical Units and Navy Patients in Overseas Army Medical Units.

1. The following procedure is prescribed for the preparation and submission of the medical records and reports concerning hospitalization of Army patients in overseas Navy medical units and Navy patients in overseas Army medical units.

A. Records required

a. Emergency Medical Tag, United States Army (Medical Department, U.S.A. Form 52b); or Navy Field Diagnosis Tag.

b. Field Medical Record (Medical Department, United States Army Form 52c); or Navy Health Record Medical History Sheet (NavMed-H-8) which shall be headed in every case with the following data:

- (1) Name in full, last name first.
- (2) Serial number.
- (3) Grade or rate.
- (4) Company, regiment, arm or service (infantry, field artillery, etc.), division, Army (1st, 2d, 3d, etc.), or naval unit to which regularly attached.
- (5) Date of birth.
- (6) Race (white, negro, etc.).
- (7) State or country in which born.
- (8) Length of service.
- (9) Source of admission.

c. Death certificate in case of death, either the Navy or Army standard form.

B. Preparation of records

a. The Emergency Medical Tag (Form 52b) is used by aid stations and dispensaries of the Army to identify the individual and to record diagnosis, treatment, and disposition of the patient. The Navy field diagnosis tag is used for the same purpose by medical units of Navy and Marine Corps organizations in combat operations. These forms may be used interchangeably for either Army or Navy patients. When a patient is received with either of these tags it signifies that he has been transferred to the medical unit concerned. Upon arrival of such patients for hospitalization the medical records mentioned in paragraph A-b shall be opened and the tag mentioned above will be retained and transmitted with those records. When patients of either service are received at medical installations without this tag, the medical record mentioned in paragraph A-b shall be opened as the initial record of the case. Either the Field Medical Record (Form 52c) or the Navy Medical History Sheet (NavMed-H-8) prepared in accordance with instructions in paragraph A-b will be used.

b. When patients are received from other hospitals the medical records as received shall be continued.

c. Death certificates (NavMed-N), or the corresponding Army form, shall be prepared in each case of death of patients of either service in the medical installations of the other. The forms shall be prepared in accordance with the printed instructions on the form or as indicated by the form. A clear impression of the right index finger on each copy of death certificate of deceased Navy and Marine Corps personnel is desirable. If print is of any other finger, state which finger.

C. Disposition of records

a. Army patients in naval medical units.

(1) Transfer as patients.--All medical records mentioned in this circular to accompany the patient.

(2) Discharge to duty.--All medical records mentioned in this circular will accompany the patient to the Army unit to which the individual is transferred upon discharge. The medical officer of the Army unit concerned will dispose of these medical records in accordance with current instructions of the War Department or local Army command for the disposition of medical records of patients returned to duty.

(3) Deaths of Army patients in naval medical units.--Death certificates and all other medical records mentioned in this circular will be delivered to an Army unit for disposition in accordance with current instructions of the War Department or local Army command for the disposition of records of deceased Army personnel. In the event this procedure is not feasible, the death certificate and all other medical records should be forwarded direct to the Surgeon General's Office, War Department, Washington 25, D. C.

b. Navy and Marine Corps patients in Army medical units.

(1) Transfers as patients.--Same procedure as for Army patients in naval medical units.

(2) Discharged to duty.--All medical records mentioned in this circular will accompany the patient to the Navy or Marine Corps unit to which the individual is transferred upon discharge. The medical officer of the Navy or Marine Corps unit concerned will enter on the medical abstract sheet of the individual's health record the date of admission, the diagnosis, the date of discharge, and the number of sick
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days for the disability for which hospitalized. A resume of the case may be entered on the medical history sheet of the health record. The medical records as received from the Army medical unit will then be forwarded to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D.C. Neither NAVMED-Fa card nor any other report of such cases is required, nor will such cases be included in the NAVMED-F (smooth) of any naval medical unit. In case the Navy or Marine Corps records of the individual are not available in the unit receiving him and he is to be retained in that unit, the records will be requested from the Navy unit to which regularly attached. If the individual is to be returned to the unit to which regularly attached, a medical abstract sheet shall be prepared as indicated above and forwarded with the individual.

(3) Deaths of Navy or Marine Corps patients in Army medical units.

(a) Dispatch notification of death to the Navy or Marine Corps organization to which regularly attached, stating name in full, grade or rating, and corps, service number in case of enlisted personnel, if available, date of death and cause of death.

(b) Navy or Army death certificate and all other medical records should be forwarded direct to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D.C.

D. Notification of direct admissions and transfers.--When a Navy patient is admitted to an Army installation by a direct admission, the nearest naval authority will be notified of such admission, giving date of admission, name, grade, and serial number, diagnosis, and prognosis. Whenever a Navy patient is to be transferred from an Army medical installation to another, the transferring Army installation will notify the nearest naval authority of the pending transfer, giving name, grade, and serial number, diagnosis, prognosis, date originally received, proposed date of transfer, and name of installation to which transfer will be made. A similar procedure will be followed by the naval installation to the Army when an Army patient is admitted to a naval installation by direct admission or is to be transferred from one naval installation to another.

E. Administrative records.--The service record, pay accounts, and other administrative records of Navy and Marine Corps patients under treatment in Army medical installations will be handled by Navy as outlined in article 1203, United States Navy Regulations, or as may be prescribed by the force or area commander. Such records of Army personnel in Navy medical installations will be handled by the Army in accordance with existing War Department regulations or as may be prescribed by the theater commander.

2. A directive similar to the foregoing will be issued by the War Department.--ROSS T MCINTIRE

JOINT LETTER: -- BuMed -- BuPers

15 March 1944

BuMed Circular Letter No. 44-45

To: Naval Officer procurement and branch offices.

Subj: Tests Used in the Selection and Classification of Student Naval Aviators and Student Naval Aviation Pilots.

Ref: (a) NACSB Cir Ltr No. 72-43, 8 Jun 1943.

(b) BuPers Procurement Directive No. 114-43, 28 Sep 1943.

1. This joint BuMed-BuPers directive is promulgated to clarify cognizance over tests employed in the selection and classification of naval aviation personnel.

2. Enclosure A of reference (a) states: "By agreement of the Bureaus concerned, the development and administration of tests employed in the selection or classification of Naval aviation personnel, and the development of related studies employing the services of H(S) psychologists are under the cognizance of the Bureau of Medicine and Surgery.

3. Reference (b) established Class V-5 Processing sections in certain DNOPs (NACSB) and ONOPs (NACSB) and included detailed instructions for administering certain Naval aviation personnel selection tests, formerly known as the fine screen test (ACT and MCT) and biographical inventory (BI).

4. Effective upon receipt of this directive the initial flight physical examination shall include the ACT, MCT, and BI, all of which, as an integral part of this examination, shall be under the direct cognizance of the senior flight surgeon or aviation medical examiner responsible for initial flight physical examinations.

5. Where it may be desirable to administer the fine screen test (ACT and MCT) at branch offices to which no flight surgeon or aviation medical examiner is assigned, the senior medical officer will be responsible for the administration of the tests. In such instances the answer sheets will be forwarded with other papers to the ONOP where processing is to be completed.

6. This directive shall not preclude the delegation of the administration and scoring of these tests to properly trained personnel provided the medical officer concerned assumes full responsibility for the security of the tests and the correctness with which all procedures are carried out.

7. BuMed will issue a detailed directive, for the guidance of cognizant medical officers at all offices and branch offices of naval officer procurement, relative to the administration, scoring and reporting of naval aviation personnel selection tests.

8. Scores for all men processed at ONOPs shall continue to be entered on BuPers forms in accordance with reference (b). -- ROSS T MCINTIRE -- L E DENFELD

JOINT LETTER: BuMed -- BuPers

30 March 1944

BuMed Circular Letter No. 44-53

To: All Ships and Stations

Subj: Life Insurance Claims and Medical Records.

Ref: (a) Veterans' Administration Insurance Form 357.
(b) Veterans' Administration Insurance Form 579c.
(c) Veterans' Administration Insurance Form 579.
(d) Veterans' Administration Insurance Form 579a.

1. The Administrator of Veterans' Affairs has requested that claims for benefits under the National Service Life Insurance and the United States Government Life Insurance submitted by members of the Navy, Marine Corps, and Coast Guard be accompanied by information relative to the nature, extent, and duration of their disabilities.

2. The claims referred to are those where members of the service on active duty, whose discharge from the service is not contemplated, file claims because of temporary total disability for waiver of premiums under National Service Life Insurance, for payment of benefits under the special additional disability provision of the United States Government Life Insurance, or for payment of benefits of total and permanent disability under United States Government Life Insurance contracts.

3. In such cases, in addition to the date of entry into active service and other usual identifying data, the Veterans' Administration requires a summary of the medical history including the date of onset of the disability, date placed under treatment, symptoms, subjective and objective, severity and duration of disability, periods rendered unfit for duty, periods of hospitalization, present condition, date of last examination, diagnosis and prognosis. As a general rule, it is believed that a certified transcript of the medical history in the current health record relating to the disability in question will serve the purpose.

4. The Veterans' Administration Insurance Form 357 should be used in making claims for waiver for premiums under National Service Life Insurance, Veterans' Administration Insurance Form 579c in making claims for payment of total disability benefits under the special additional disability provision of the United States Government Life Insurance, and Veterans' Administration Insurance Forms 579 and 579a in making claims for total permanent disability benefits under United States Government Life Insurance. A supply of these forms, copies of which are attached, will be furnished by the Veterans' Administration upon request. If such forms are not available, any written statement, signed by the claimant, showing a clear intent to claim the benefit will be acceptable as an informal claim.

5. The claims accompanied by the required information should be submitted, via the claimant's commanding officer, to the Insurance Claims Council, Veterans' Administration, Washington 25, D.C. Where the complete medical history is not available in the current health record, the claims and available medical history of naval and Marine Corps personnel shall be forwarded to the Veterans' Administration via the Bureau of Medicine and Surgery. When the complete medical history is not available in the current health records of Coast Guard personnel, the claims and available medical history shall be forwarded to the Veterans' Administration, via the Commandant, United States Coast Guard, Washington, D.C.

6. It should be borne in mind that at least 6 consecutive months of total disability, beginning before age 60, are required as a basis for entitlement to waiver of premium under National Service Life Insurance and 4 consecutive months of total disability, beginning before age 65, as a basis for entitlement under the special additional disability provision of United States Government Life Insurance. There is no age limit on insurance claims for total and permanent disability. Ordinarily, therefore, a claim or medical summary should not be prepared until the minimum required period of total disability has existed.--

L SHELDON, Jr -- D E DENFELD

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BuMed Circular Letter No. 44-60

15 April 1944

44-60

To: All Ships and Stations

Subj: Radar Operation Not Harmful to the Eyes

Ref: (a) OSRD Report No. 2051--Effect of Oscilloscope Operation on Vision--15 Nov 1943, NRDC Project SC-70, NS-146.

1. Rumors that continued radar oscilloscope operation damages the eyes are prevalent among radar operators. Studies, therefore, have been conducted under the auspices of the Office of Scientific Research and Development in conjunction with Army Air Forces radar training agencies in order to determine whether oscilloscope operations actually have an adverse effect on vision. The findings of this investigation are contained in reference (a), and are summarized herewith.
2. The visual efficiency of 244 radar operators was measured and then compared with the visual efficiency of a group of 122 young men who had not spent time working before an oscilloscope. In addition, the visual capabilities of long-term operators were compared with those of short-term operators.
3. Data were obtained on binocular acuity for both far and near vision, on monocular acuity for far vision, on vertical and lateral eye muscle balance during both near and far fixation, and on depth perception and color vision. Information was also obtained from each man as to his visual history, complaints of fatigue or eye strain.
4. The men whose eyes were tested had been operating radar scopes on air-warning sets for periods varying from a few days to as long as 2 years. They ranged in age from 18 to 37, the average age being 25. The average length of operator experience for the group was 10 months.
5. The watch shifts were typically 6 or 8 hours in duration. Teams of four men were the common rule and the men rotated assignments during their watch. They seldom remained at the scopes for longer than 1 hour at a time, the usual period of scope operation being about 30 minutes. The nonoperators were Army enlisted men studying at a midwestern university under the Army specialized training program. Their ages, in general, approximated those of the operators.
6. The following conclusions were drawn from subject investigation:
 - (a) The visual capacities of the 244 radar operators were not significantly different from those of the 122 nonoperators.
 - (b) There were no significant differences in visual efficiency between a group of 58 veteran operators with 18 months or more of experience, and a group of 32 short-time operators with 2 months or less experience. Every analysis that could be applied to the results showed that the vision of the veteran compared more than favorably with that of the beginner.
 - (c) Symptoms of visual fatigue and eyestrain were reported no more frequently by veteran operators than by inexperienced operators.
 - (d) A common complaint among operators was that if they remained at the scope for "too long a time" (2 or 3 hours or more), they suffered from eyestrain, headaches, and other symptoms of eye distress, but the same men admitted that similar symptoms resulted if they applied themselves to ordinary reading for too long a time. Therefore, the visual complaints were not specific in relation to oscilloscope operation.
 - (e) As a whole, the results indicated that radar operation did not impair the visual efficiency of the air-warning operators.
7. The results of this extensive study should be conclusive in combating impressions that extended work at the scopes damages the eyes of operators. The rumors apparently arise from boredom and dissatisfaction with the task being done however, an occasional operator with defective eyesight may experience genuine visual distress and his complaints tend to support the belief that oscilloscope operation damages the eyes.
8. Care should be taken to detect visual defects in men by thorough examination and they should be relieved of oscilloscope duties until their eyes have been corrected by means of glasses. It is directed that all radar operators under naval commands be informed of the above findings in order to allay any persistent fears with regard to deterioration of vision, and to combat unfounded rumors which may originate among such personnel.-- L SHELDON, Jr.

BuMed Circular Letter 44-82

15 May 1944

To: All Ships and Stations

Subj: Aviation Pilot Selection Tests, Administration of.

Ref: (a) Joint BuMed - BuPers ltr 44-45, 15 Mar 1944.

(b) (Confidential) NavMed-247, Examiner's Manual, Aviation Cadet Selection Tests.

Encl: A. Lists of supplies contained in Examiner's Kits.

1. Reference (a) directed that the initial Flight Physical Examination include the Aviation Classification Test (ACT), the Mechanical Comprehension Test (MCT), and the Biographical Inventory (BI).

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2. The primary function of these tests is the identification of those candidates who have the greatest probability of success in flight training and the elimination of those who have a high probability of failure. Only those applicants who successfully pass these tests will be given the remainder of the aviation physical examination.

3. Effective upon receipt of this directive the procedures described in reference (b) shall be followed in determining the qualifications of all applicants for flight training. These procedures supplant any and all procedures previously directed relative to the administration, scoring, and reporting of psychological tests given to applicants for flight training.

4. Owing to the impracticability of distribution to all activities where testing might be done, the testing materials listed in enclosure A are sent only to commanding officers of naval air stations, naval auxiliary air stations, naval aircraft carriers, Marine Corps air stations, Marine Corps Air Wings 1, 2, 3, 9, Marine Corps Air Wings Pacific, fleet air wings, and Casus; to directors of naval office procurement, and to officers in charge of branch offices, ONOP. Other activities should make use of the nearest facilities available for this portion of the examination. Where no such facilities are available, a request for the necessary supplies may be directed to BuMed (division of aviation medicine). Activities to which these materials have been supplied are directed to expedite the testing of personnel referred to them for this purpose.

5. Where the complement of a ship or station includes a flight surgeon or aviation medical examiner, this officer shall be directly responsible for the administration, scoring, and reporting of these tests. In all other ships and stations where these tests are given, the senior medical officer shall assume the responsibility for administration, scoring, and reporting.

6. The actual administration and scoring of these tests may be delegated to H(S) officers, HC officers, aviation technicians, or other qualified personnel provided that the medical officer concerned assumes the responsibility.

7. Enclosure A is a list of materials which are included in the examiner's kit. These materials are forwarded under separate cover to those activities indicated in paragraph 4. Additional supplies of testing materials may be procured by request addressed to BuMed, attention: division of aviation medicine. Items are to be ordered separately rather than as a kit.-- ROSS T McINTIRE

ENCLOSURE A

Bureau of Medicine and Surgery,
Navy Department, Washington, D. C.

LIST OF SUPPLIES CONTAINED IN EXAMINER'S KIT

Naval Aviation Cadet Selection Tests

1. Examiner's kits are sent to activities where it is anticipated that psychological examinations for flying will be administered. Quantities of each item are adjusted to the expected needs of the addressee.

2. Additional supplies may be procured from BuMed. The quantity of each item required should be specified separately and not by requesting additional kits. Additional supplies should be ordered well in advance of the date they are needed.

3. Examiner's kits contain the following items:

- (a) (Confidential) NavMed-247, Examiner's Manual, Aviation Cadet Selection Test.
- (b) (Restricted) NavMed-181, Aviation Classification Test (ACT) form 1.
- (c) (Restricted) NavMed-182, Aviation Classification Test (ACT) Form 2.
- (d) (Confidential) NavMed-203, Aviation Classification Test (ACT) Form 1 Scoring Key.
- (e) (Confidential) NavMed-204, Aviation Classification Test (ACT) Form 2 Scoring Key.
- (f) (Restricted) NavMed-179, Mechanical Comprehension Test (MCT) Form 4.
- (g) (Restricted) NavMed-180, Mechanical Comprehension Test (MCT) Form 5.
- (h) NavMed-199, Aviation Classification Test (ACT) and Mechanical Comprehension Test (MCT) Answer Sheets.
- (i) (Confidential) NavMed-201, Mechanical Comprehension Test (MCT) Form 4 Scoring Key.
- (j) (Confidential) NavMed-202, Mechanical Comprehension Test (MCT) Form 5 Scoring Key.
- (k) (Restricted) NavMed-178, Biographical Inventory (BI) Form 3.
- (l) NavMed-200, Biographical Inventory (BI) Answer Sheets.
- (m) (Confidential) NavMed-205, Biographical Inventory (BI) Scoring Key X.
- (n) (Confidential) NavMed-206, Biographical Inventory (BI) Scoring Key Y.
- (o) (Confidential) NavMed-207, Biographical Inventory (BI) Scoring Key Z.
- (p) NavMed-241, Results of Naval Aviation Cadet Selection Tests.
- (q) Electrographic Pencils.

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BuMed Circular Letter No. 44-91

22 May 1944

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To: All Ships and Stations

Subj: Ration Record, NavMed-HF-36, Instructions Regarding

(a) The ration record shall be prepared daily and submitted to the medical officer in command. The original of the ration record for the last day of each month shall be forwarded to the Bureau from all hospital ships and all naval hospitals, except fleet and base hospitals, on the first day of the following month.

(b) The instructions to columns I, II, III, and IV are as follows:

(1) Column I.--This column itemizes the various classes of personnel by personnel groups. When personnel of classes for which no provision has been made on the form are hospitalized or subsisted, they shall be properly designated and reported on one of the blank lines in the appropriate section of this column.

(2) Column II.--(a) Enter total muster days for each class of patients, staff personnel, and duty personnel other than hospital staff, admitted or attached to the hospital for any purpose. Muster days for all personnel shall be computed by the formula for computing sick days for naval personnel; i.e., by excluding the day of admission or reporting and including the day of discharge, death, transfer, or detachment (art. 1827 (2), N.R.). There can be no fractional muster days. Total muster days reported must equal the sum of columns (b) and (c) except in section F, rations sold.

(3) Column II.--(b) Enter number of days the personnel concerned were not subsisted by the hospital. This will be only the days for which personnel are not entitled to subsistence in kind such as authorized leave, subsisting out at own expense, etc. It does not include days for which subsistence in kind is prepared but not taken because of liberty or other reasons personal to the individuals concerned.

(4) Column II.--(c) Enter number of days the personnel concerned were subsisted by the hospital. The sum of columns II(b) and II(c) must equal the total muster days reported in column II(a), in all sections except F.

(5) Column III.--The date required in subcolumns (a), (b), and (c) are the respective cumulative totals to date for the month of the corresponding subcolumns of column II. Instructions applicable to column II are applicable to this column.

(6) Column IV.--The data to be recorded in subcolumns (a), (b), and (c) are the respective cumulative totals for the fiscal year to date. Unless otherwise directed by the medical officer in command, column IV need be completed only in the ration record for the last day of each month, in which case the respective totals to be reported will be the sum of the corresponding column in the report of the last day of the previous month plus the amount in the corresponding subcolumn of column III for the last day of the month for which the report is prepared.

(c) The horizontal lines are numbered 1 to 127, inclusive. The subsistence or hospitalization rate, as may be applicable, and the manner of effecting collection of charges is indicated in the instructions pertaining to each line. The date to be entered on each line are as follows:

(1) SECTION (A)--PATIENTS, NAVAL, ACTIVE DUTY--Line 1--Officer, Navy, active.--Report all patients who are officers of the Regular Navy in an active-duty status. Subsistence checkages at the rate specified in the annual naval appropriation act shall be effected by means of NavS&A 534, hospital ration notice, which shall be prepared locally and submitted to the disbursing officer carrying the accounts of the officer concerned.

Line 2--Officer, Naval Reserve, active.--Report all patients who are officers of the Naval Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 3--Officer, Navy and Naval Reserve, retired, active.--Report all patients who are retired officers of the Regular Navy and Naval Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 4--Officer, Marine Corps, active.--Report all patients who are officers of the Regular Marine Corps on active duty. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 5--Officer, Marine Corps, Reserve, active.--Report all patients who are officers of the Marine Corps Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 6--Officer, Marine Corps and Marine Corps Reserve, retired, active.--Report all patients who are retired officers of the Regular Marine Corps and Marine Corps Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 7--Officer, Women's Reserve, Navy, active.--Report all patients who are officers of the Women's Reserve of the Navy in an active-duty status. Checkage for subsistence shall be made at the same rate

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and shall be accomplished in the same manner as for officers reported on line 1.

Line 8.--Officer, Women's Reserve, Marine Corps, active.--Report all patients who are officers of the Women's Reserve of the Marine Corps in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 9.--Nurse, Navy and Naval Reserve, active.--Report all patients who are nurses of the Regular Navy or Naval Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 10.--Cadet Nurse Corps.--Report all patients who are members of the Cadet Nurse Corps. No checkage or reimbursement for subsistence is involved for patients in this category.

Line 11.--Midshipman, Navy, active.--Report all patients who are midshipmen of the Regular Navy under instruction at the United States Naval Academy. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 12.--Midshipman, Naval Reserve, V-7, active.--Report all patients who are midshipmen of the Naval Reserve, class V-7, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 13.--Midshipman, Women's Reserve, V-9, active.--Report all patients who are midshipmen of the Women's Reserve, class V-9, of the Navy in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 14.--Cadet, aviation, Naval Reserve, V-5, active.--Report all patients who are aviation cadets of the Naval Reserve, class V-5, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 15.--Trainee, Naval Reserve, V-12.--Report all patients who are trainees of the Naval Reserve, class V-12, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 16.--Trainee, Marine Corps Reserve, V-12.--Report all patients who are trainees of the Marine Corps Reserve, class V-12, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 17.--Enlisted, Navy, active.--Report all enlisted patients of the Regular Navy on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 18.--Enlisted, Naval Reserve, active.--Report all enlisted patients of the Naval Reserve on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 19.--Enlisted, Navy, Fleet Reserve, F3, 4, 5, active.--Report all enlisted patients of the Fleet Reserve, classes F3, 4, and 5, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 20.--Enlisted, Navy, retired, active.--Report all enlisted, retired patients of the Regular Navy on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 21.--Enlisted, Women's Reserve, Navy, V-9.--Report all enlisted patients of the Women's Reserve of the Navy, class V-9, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 22.--Enlisted, Women's Reserve, Navy, V-10.--Report all enlisted patients of the Women's Reserve of the Navy, class V-10, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 23.--Enlisted, Marine Corps, active.--Report all enlisted patients of the Marine Corps on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 24.--Enlisted, Marine Corps Reserve, active.--Report all enlisted patients of the Marine Corps on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 25.--Enlisted, Fleet, Marine Reserve, class 1, active.--Report all enlisted patients of the Fleet Marine Reserve, class 1, on active duty. Reimbursement for subsistence at the rate specified in the annual appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 26.--Enlisted, Marine Corps, retired, active.--Report all retired enlisted patients of the Marine Corps on active duty. Reimbursement for subsistence at the rate specified in the annual appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 27.--Enlisted, Women's Reserve, Marine Corps.--Report all enlisted patients of the Women's Reserve of the Marine Corps, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 28.--General-court-martial prisoners serving sentence.--Report only general-court-martial prisoners admitted from naval prisons or other places specifically designated for confinement of general-court-martial prisoners. Do not include prisoners awaiting trial by general court martial or awaiting sentence; these cases shall be included on lines 1 to 27, as indicated. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 29.--Reserved.

Line 30.--Reserved.

Line 31.--Reserved.

Line 32.--Reserved.

Line 33.--Reserved.

Line 34.--Subtotal, patients, naval, active.--Enter totals on lines 1 to 33, inclusive.

(2) SECTION (B)--PATIENTS, NAVAL NOT ON ACTIVE DUTY.--Line 35.--Officer, Navy, retired, inactive.--Report all patients who are retired officers of the Regular Navy in an inactive-duty status. Subsistence checkages at the rate specified in the annual naval appropriation act shall be effected by the rate specified in the annual naval appropriation act shall be effected by means of NavS&A Form 534, Hospital Ration Notice which shall be prepared locally and forwarded to the Bureau of Supplies and Accounts, Field Branch (Master Accounts Division), Cleveland 15, Ohio. Do not include on this line enlisted men retired with officer rank under the provisions of the act of 7 May 1932. Report such personnel on line 40. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 36.--Officer, Naval Reserve, retired with pay, inactive.--Report all patients who are officers of the Naval Reserve, retired with pay and in an inactive-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 35. Detailed reports of hospitalization are not required.

Line 37.--Officers, Marine Corps, retired, inactive.--Report all patients who are retired officers of the Marine Corps in an inactive-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 35. Do not include on this line enlisted men retired with officer rank under provisions of the act of 7 May 1932. Report such personnel on line 42. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 38.--Nurse, Navy, retired, inactive.--Report all patients who are retired nurses in an inactive-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 35. Detailed reports of hospitalization are not required.

Line 39.--Enlisted, Navy, Fleet Reserve, F3, 4, 5, inactive.--Report all patients who are members of the Fleet Reserve, classes F3, 4, 5, in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required.

Line 40.--Enlisted, Navy, retired, inactive.--Report all patients who are retired enlisted men in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Include on this line enlisted-personnel of the Navy retired with officer rank in accordance with the act of 7 May 1932. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 41.--Enlisted, Fleet Marine Reserve, Class 1, inactive.--Report all patients who are members of the Fleet Marine Reserve, class 1, in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required.

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Line 42.--Enlisted, Marine Corps, retired, inactive.--Report all patients who are retired enlisted men of the Marine Corps in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Include on this line enlisted personnel of the Marine Corps retired with officer rank in accordance with the act of 7 May 1932. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 43.--Ex-naval and Marine Corps personnel, discharged, retained in hospital.--Report all Navy and Marine Corps patients discharged from the service without retired or retainer pay while a patient in the hospital, and retained for treatment after discharge. Include also honorably discharged enlisted men admitted to hospital while electing homes on receiving ships (art. 1412, N.R.). Detailed reports of hospitalization are not required nor will any charges be collected locally, or by the Bureau.

Line 44.--Beneficiary, Naval Home.--Report all patients who are beneficiaries of the Naval Home. Detailed reports of hospitalization are not required nor will any charge be collected locally or by the Bureau.

Line 45.--Pensioner.--Report of all Navy pensioners hospitalized. Do not include pensioners hospitalized as Veterans' Administration beneficiaries. The sum total of pension checks received shall be deposited with the disbursing officer for credit to "Miscellaneous Receipts in the Treasury". Upon admission and again, upon discharge, a letter report shall be made to the Veterans' Administration direct, giving pensioner's name, pension number, home address, and date of admission, and requesting information as to the per-diem rate of pension payable to the hospital.

Line 46.--Reserved.
Line 47.--Reserved.
Line 48.--Reserved.
Line 49.--Reserved.
Line 50.--Reserved.

Line 51.--Subtotal, patients, naval, not on active duty.--Enter totals of lines 35 to 50, inclusive.

(3) SECTION (C).--PATIENTS, SUPERNUMERARY.--Line 52.--Army officer and nurse, active, Regular and Reserve.--Report all patients who are Army officers, Regular and Reserve, including Women's Army Corps, nurses, and Army aviation cadets on active duty. Charges for subsistence shall be collected locally at the rate specified in the annual naval appropriation act. Funds collected shall be deposited with the disbursing officer for ultimate credit to the appropriation, "Medical Department, Navy", prior to the close of business on the last day of each month. Report detailed data for these patients on line 1 of section G. Detailed reports of hospitalization are not required. However, when active Army personnel are hospitalized, the individual statistical report of patient (NavMed-Fa) shall be completed in each case in accordance with the instructions applicable to naval personnel and forwarded to the Bureau of Medicine and Surgery. In addition to the above, the duty stations shall be notified of the individual Army patients admitted for treatment, giving the diagnosis, dates of admission and discharge, and such other data as may be requested by the local command.

Line 53.--Army enlisted, active, Regular and Reserve.--Report all patients who are enlisted personnel of the Army, both Regular and Reserve, including the Women's Army Corps, on active duty. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau. However, when active Army personnel are hospitalized, the Individual Statistical Report of Patient (NavMed-Fa) shall be completed in each case in accordance with the instructions applicable to naval personnel, and forwarded to the Bureau of Medicine and Surgery. In addition to the above, the duty stations shall be notified of the individual Army patients admitted for treatment, giving the diagnosis, dates of admission and discharge, and such other data as may be requested by the local command.

Line 54.--Coast Guard officer, active.--Report all patients who are officers of the United States Coast Guard in an active-duty status, including the Women's Reserve. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column (a) of the ration record must agree with the number of sick days reported on the monthly detailed report of hospitalization. No charges are to be collected locally, as reimbursement for hospitalization at the per diem rate prescribed by the Federal Board of Hospitalization will be effected by the Bureau. In addition to the monthly report of hospitalization, which shall be forwarded to this Bureau, the following reports are also required: (1) Federal Security Agency, United States Public Health Service (June 1941), Form 1971F shall be completed in each case and forwarded direct to the Surgeon General, United States Public Health Service. If forms are not on hand, they may be obtained by requesting same from the Public Health Service, Washington, D. C., Bethesda Station. (2) The individual statistical report of patient (NavMed-Fa) shall be completed in each case in accordance with the instructions applicable to naval personnel and forwarded direct to Coast Guard Headquarters, Washington, D. C.

Line 55.--Coast Guard enlisted, active.--Report all enlisted patients of the Coast Guard on active duty, including the Women's Reserve. Instructions under line 54 are applicable to the personnel to be reported on this line.

Line 56.--Veterans' Administration beneficiary.--Report only those patients whose admission and treatment have been authorized in writing by the proper Veterans' Administration official. Telephonic authorization for admission must be confirmed in writing. Detailed reports of hospitalization are not required nor are any charges in connection with hospitalization to be collected locally. Reimbursement for hospitalization will be effected by the Bureau.

Line 57.--Employees' Compensation Commission beneficiary.--Report all patients who are civil employees of the United States admitted under proper authority for treatment of injuries or occupational diseases incurred "while in the performance of their official duties," as defined in part 2, pages 11-16 inclusive, Regulations Governing the Administration of the United States Employees' Compensation Act of 7 September 1916, as amended, Relating to Civil Employees of the United States, and as extended to emergency relief employees and others. No charges are to be collected locally as reimbursement for hospitalization will be effected by the Bureau. Detailed report of hospitalization shall be submitted monthly, but the number of sick days reported on the detailed report of hospitalization of Employees' Compensation Commission patients will not necessarily agree with the number of muster days reported in column (a) of the ration record, due to the difference in method of computing sick days for this class of patients for reimbursement purposes. Sick days applicable to Employees' Compensation Commission patients, as reported in the detailed report of hospitalization of Employees' Compensation Commission patients, are to be computed in every instance by including the day of admission and excluding the day of discharge.

Line 58.--Army retired personnel.--Report all retired Army officers, nurses, and enlisted personnel in an inactive-duty status. (See art. 1204, N.R.). Charges for subsistence of these personnel shall be collected locally at the rate specified in the annual naval appropriation act. Funds collected shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of each month. Report detailed data for these patients on line 3 of section G. No other detailed reports are required.

Line 59.--Dependents.--Report all patients who are dependents of personnel of the United States Navy, Marine Corps, and Coast Guard, other than those who are beneficiaries of State and under the emergency maternity infant care program. The charge for subsistence is included in the per diem charge for hospitalization of \$1.75. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of each month. Reference: BuSanda ltr. 110-5(1) NH(AB), 7 April 1943. For additional instructions see line 4 of section G. Detailed reports of hospitalization are not required.

Line 60.--Dependents, State-aid beneficiaries.--Report all patients who are dependents of personnel of the United States Navy, Marine Corps, and Coast Guard and also are beneficiaries under the emergency maternity and infant care program of one of the several States. The charge for subsistence is included in the per diem charge for hospitalization at the uniform reciprocal per diem rate established by the Federal Board of Hospitalization. Charges for hospitalization furnished this group shall be billed by the hospital direct to the State health agency concerned and the amount so collected shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to close of business on the last day of each month. For additional instructions see section G, line 5. Detailed reports of hospitalization are not required.

Line 61.--Civilian, humanitarian, nonindigent.--Report all patients admitted under authority of Par. 4160, MMD, from whom reimbursement for the cost of hospitalization is to be collected by the hospital at the uniform reciprocal per diem rate established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem charge for hospitalization. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of each month. For additional instructions see section G, line 6. Detailed reports of hospitalization are not required.

Line 62.--Civilian, humanitarian, indigent.--Report all patients admitted under authority of Par. 4160, MMD, from whom reimbursement for the cost of hospitalization or subsistence cannot be collected. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau.

Line 63.--British armed forces.--Report all patients who are members of the armed forces of the British Empire. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column (a) of the ration record must agree with the number of sick days reported on monthly detailed report of hospitalization. No charges are to be collected locally, as reimbursement for hospitalization at the per diem rate prescribed by the Federal Board of Hospitalization will be effected by the Bureau through the lend-lease program.

Line 64.--French armed forces.--Report all patients who are members of the French armed forces. Instructions under line 63 are applicable to the personnel to be reported on this line.

Line 65.--Netherlands armed forces.--Report all patients who are members of the Netherlands armed forces. Instructions under line 63 are applicable to the personnel to be reported on this line.

Line 66.--Union of Soviet Socialist Republics armed forces.--Report all patients who are members of the Russian armed forces. Instructions under line 63 are applicable to the personnel to be reported on this line.

Line 67.--Other foreign military personnel.--Report all patients who are members of the armed forces of other foreign countries who may be admitted for hospitalization and treatment upon the request of the individual's commanding officer. No collections, locally or otherwise, shall be made for this class of supernumerary. If personnel of more than one nation are to be reported, lines 74 to 78 may be utilized. Detailed reports of hospitalization shall be submitted monthly. Separate reports shall be submitted for each nation involved.

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Line 68.--British Embassy and mission personnel.--Report all patients who are members of the British Navy attached to the British Embassy and missions. No collections, locally or otherwise, shall be made for this class of supernumerary. Detailed reports of hospitalization shall be submitted monthly.

Line 69.--State Department, Foreign Service officers.--Report all patients who are officials of the State Department or the United States consular service. Individual detailed reports of hospitalization shall be submitted promptly upon completion of hospitalization. The total number of muster days reported in column (a) must agree with the number of sick days reported on the monthly and individual detailed reports submitted during the month. No collection for subsistence will be made locally; reimbursement for hospitalization will be effected by the Bureau.

Line 70.--United States Coast and Geodetic Survey.--Report all patients who are members of the United States Coast and Geodetic Survey. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column (a) of the ration record must agree with the number of sick days reported on the monthly detailed reports of hospitalization. No charges are to be made locally as reimbursement for hospitalization at the per diem rate prescribed by the Federal Board of Hospitalization will be effected by the Bureau.

Line 71.--United States Maritime Service.--Report all patients who are members of the United States Maritime Service. Instructions under line 70 are applicable to the personnel to be reported on this line.

Line 72.--United States merchant marine.--Report all patients who are members of the United States merchant marine. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau.

Line 73.--Prisoner of war.--Report all patients who are prisoners of war. No collections, locally or otherwise, shall be made for this class of supernumerary. Detailed reports of hospitalization shall be submitted monthly.

Line 74.--Officers, Commissioned Corps, U.S. Public Health Service.--Report all patients who are officers of the Commissioned Corps of the U.S. Public Health Service. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column III(a) of the Ration Record must agree with the number of sick days reported in the monthly detailed report of hospitalization. No charges are to be collected locally, as reimbursement for hospitalization at the per diem rate prescribed by the Federal Board of Hospitalization will be effected by the Bureau.

Line 75.--Reserved.

Line 76.--Reserved.

Line 77.--Reserved.

Line 78.--Maternity Cases - Ex-Service personnel.--Report all patients of the Women's Reserve of the Naval Reserve, Marine Corps Reserve and Coast Guard Reserve and of the Navy Nurse Corps and Nurse Corps, Naval Reserve, who have been discharged or separated from the service because of pregnancy, and eligible for maternity care and/or hospitalization. Charges for subsistence shall be collected locally at the rate specified in the Annual Naval Appropriation Act. Funds so collected shall be deposited with the disbursing officer for ultimate credit to the appropriation charged with maintaining the mess prior to the close of business on the last day of each month. Report detailed data for these patients on line 12 of Section G. Detailed reports of hospitalization are not required.

Line 79.--Subtotal, patients, supernumerary.--Enter total of lines 52 to 78, inclusive.

Line 80.--Total all patients.--Enter total of lines 34, 51, and 79, inclusive.

(4) SECTION D.--HOSPITAL STAFF PERSONNEL.--Line 81.--Officer, Navy and Naval Reserve.--Report in columns (a) and (b) all officers attached to the hospital staff except those who are patients and are therefore reported on lines 1 and 2, as applicable. Marine officers attached to the Marine Guard shall also be reported on this line. The total of column (b) shall equal column (a), inasmuch as officers are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Charges for meals furnished officers and their guests shall be collected in cash from the individual officers at the rate of \$0.25 per meal or \$0.75 per ration. Each letter requesting collection of cash shall indicate separately the number of meals sold each officer and the charge therefor, and the total meals furnished both and the total charge therefor. The total number of rations sold officers of the hospital staff shall be reported in column (c) of line 118 and the total number of rations furnished guests of staff personnel shall be reported in column (c) of line 119. Separate letters requesting collection of cash shall be made for personnel to be reported on separate lines. Copies shall be assembled by applicable line numbers and submitted with the Ration Record.

Line 82.--Officer, Women's Reserve, Navy.--Report in columns (a) and (b) all officers of the Women's Reserve attached to the hospital staff except those who are patients and are therefore to be reported on line 7. The total of column (b) shall equal column (a), inasmuch as these officers are at all times entitled to subsistence allowances in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to officers reported on this line.

Line 83.--Nurse, Navy and Naval Reserve.--Report in columns (a) and (b) all nurses attached to the hospital staff except those who are patients and are therefore to be reported on line 9. The total of column (b) shall equal column (a), inasmuch as nurses are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Do not include nurses performing duty at other activities but who have been assigned quarters and messing facilities at hospital nurses quarters. Instructions under

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line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to nurses reported on this line.

Line 84.--Cadet Nurse Corps.--Report all personnel who are members of the Cadet Nurse Corps attached to the hospital staff. No checkage or reimbursement for subsistence is involved for personnel in this category.

Line 85.--Hospital Corps, enlisted men.--Report all enlisted men of the Hospital Corps attached to the hospital staff. Hospital corpsmen attached to the hospital for instruction by orders of the Navy Department and those attached to the Hospital Corps School or to any command other than the hospital proper whether for duty or for instruction, shall not be reported on this line. Such personnel shall be reported on the applicable line in Section E. There shall be reported in column (c) only those muster days applicable to hospital corpsmen who are entitled to subsistence in kind in lieu of commuted rations. Hospital corpsmen being credited with commuted rations shall be reported in column (b) as not subsisted, and meals sold such personnel and their guests shall be reported in Section F in accordance with the instructions applicable to line 81. Each letter requesting collection of cash shall indicate separately the number of meals furnished the individual hospital corpsman and the charge therefor, the number furnished guests of the hospital corpsman and the charge therefor, and the total meals furnished both and the total charge therefor.

Line 86.--Hospital Corps, enlisted WAVES, V-10.--Report all enlisted personnel of the Women's Reserve in the Hospital Corps, class V-10, attached to the hospital staff. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 87.--Other naval enlisted men.--Report all naval enlisted men other than hospital corpsmen attached to the hospital staff. This line should include mail specialists, tailors, ship service specialists, etc. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 88.--Other naval enlisted WAVES V-10.--Report all enlisted personnel of the Women's Reserve other than those in the Hospital Corps attached to the hospital staff. This line should include mail specialists, tailors, ship service specialists, etc. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 89.--Marine guard.--Report all personnel of the Marine guard, except officers, attached to the hospital. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 90.--Civil employees, other than excepted group.--Report in columns (a) and (b) all civil-service employees attached to the hospital staff except those who are entitled, under the provisions of the schedule of wages, to subsistence in kind as part compensation in lieu of salary. Unless a naval or special hospital within the continental limits of the United States has employees in the special-duty service classification, all civil-service employees at such hospitals should be reported on line 90. Inasmuch as the employees to be reported on this line are not entitled to subsistence in kind, in lieu of salary, the days attached (column (a)) and the days not subsisted (column (b)) shall be the same. Under the mandatory provisions of the schedule of wages, employees of the commissary service (including maids) shall be checked for the value of at least one meal per working day (BuMed ltr LL/LL6-1(121-40), 31 May 1944). These checkages shall be reflected in the "Other deductions" column of the civil pay roll. The number of meals covered by these checkages shall be converted into the equivalent number of rations and reported in column (c), line 121. The sale of meals to other employees in this category is a matter within the discretion of the medical officer in command, provided that in each instance an advance deposit is made with the disbursing officer (art. 621-6-(f)-(3)-(a); arts. 2121-3(b) and 2179-5(d)-(2) and (3) Bu-SandA Manual). Charges at the rate of \$0.25 per meal, shall be made against the individual advance deposits, and the number of meals so furnished shall be converted into the equivalent number of rations and reported in column (c), line 120. Copies of letters of checkage shall be submitted with the ration record.

Line 91.--Civil employees, special-duty service.--Report all employees of the special-duty service attached to the hospital staff who are furnished subsistence in kind in lieu of salary. No charges for subsistence will be made locally and no collections will be effected by the Bureau.

Line 92.--Civil employees, excepted group.--Report all civil employees of the excepted group attached to the hospital staff. This line shall be used exclusively by the Naval Hospitals, Balboa and Coco Solo, C. Z., and at other hospitals where employees of this group have been specifically authorized by SecNav. No charges for subsistence will be made locally and no collections will be effected by the Bureau.

Line 93.--Red Cross representative.--Report all Red Cross representatives attached to the hospital staff except those who are patients and are therefore to be reported on line 61. The total reported in column (b) shall equal column (a), inasmuch as Red Cross representatives are not entitled to subsistence in kind at Government expense. Charges for meals furnished Red Cross representatives shall be checked against the individual advance deposits at the rate of \$0.25 per meal or \$0.75 per ration. Letters requesting checkage against the individual advance deposits shall indicate the number of meals furnished each Red Cross representative and the charge therefor. The total number of rations furnished Red Cross representatives shall be reported in column (c) of line 120.

Line 94.--Reserved.
Line 95.--Reserved.
Line 96.--Reserved.
Line 97.--Reserved.
Line 98.--Reserved.

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Line 99.--Subtotal, hospital staff personnel.--Enter totals of lines 81 to 98, inclusive.

(5) SECTION E.--PERSONNEL ATTACHED, OTHER THAN HOSPITAL STAFF.--Line 100.--Officer, Navy and Naval Reserve.--Report in columns (a) and (b) all officers not actually attached to the hospital proper for duty. This line shall include all officers attached for instruction, for temporary duty, or attached to the Hospital Corps school or other separate commands. The total of column (b) shall equal column (a) inasmuch as these officers are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to officers reported on this line.

Line 101.--Officers, Women's Reserve, Navy.--Report in columns (a) and (b) all officers of the Women's Reserve not actually attached to the hospital proper for duty. This line shall include all officers attached for instruction, for temporary duty, or attached to the Hospital Corps school or other separate commands. The total of column (b) shall equal column (a), inasmuch as these officers are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to officers reported on this line.

Line 102.--Nurse, Navy and Naval Reserve.--Report all nurses not actually attached to the hospital proper for duty. Include on this line nurses attached for instruction, for temporary duty, or attached to the Hospital Corps School or other separate commands who have been assigned quarters and messing facilities in the hospital. The total of column (b) shall equal column (a), inasmuch as nurses are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to nurses reported on this line.

Line 103.--Hospital Corps, enlisted man.--Report all enlisted men of the Hospital Corps not actually attached to the hospital proper for duty. This line shall include all hospital corpsmen attached to the hospital for instruction by order of the Navy Department, those attached to the Hospital Corps School for instruction, for temporary duty, or to other separate commands. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 104.--Hospital Corps enlisted WAVES, V-10.--Report all enlisted personnel of the Women's Reserve in the Hospital Corps, class V-10, not actually attached to the hospital proper for duty. This line shall include all WAVES in the Hospital Corps attached to the hospital for instruction by order of the Navy Department, those attached to the Hospital Corps School for instruction, for temporary duty, or to other separate commands. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 105.--Hospital Corps school, enlisted man.--Report all enlisted men of the Hospital Corps attached to the Hospital Corps School for duty. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 106.--Hospital Corps school, enlisted WAVES, V-10.--Report all enlisted personnel of the Women's Reserve in the Hospital Corps, class V-10, attached to the Hospital Corps for duty. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 107.--Trainees, Naval Reserve, V-12.--Report all trainees of the Naval Reserve, class V-12, who are attached to the hospital for duty or for instruction. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 108.--Other naval enlisted man.--Report all naval enlisted men other than hospital corpsmen not actually attached to the hospital proper for duty and who therefore cannot be properly reported on line 87. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 109.--Other naval enlisted WAVES.--Report all enlisted personnel of the Women's Reserve, other than in the Hospital Corps, not actually attached to the hospital proper for duty and who therefore cannot be properly reported on line 88. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 110.--Civil employees, other than excepted group.--Report all civil employees assigned to commands other than the hospital proper. Instructions under line 90 are applicable to the personnel to be reported on this line.

Line 111.--Reserved.

Line 112.--Reserved.

Line 113.--Reserved.

Line 114.--Reserved.

Line 115.--Reserved.

Line 116.--Subtotal, personnel attached, other than hospital staff.--Enter totals of lines 100 to 115, inclusive.

Line 117.--Total, hospital staff personnel and personnel attached, other than staff personnel.--Enter total of lines 99 and 116.

(6) SECTION F.--RATIONS SOLD.--Line 118.--Military personnel.--Report in column (c) of this line the number of rations (expressed in thirds, if necessary) sold at the rate of \$0.25 per meal or \$0.75 per

ration to officers, nurses, Hospital Corps enlisted men and women, and any other military personnel. The total value of such rations as collected in cash from the individual must agree with the number of subsistence days reported in column (c). The amount collected in cash shall be deposited with the disbursing officer for credit to the appropriation "Medical Department, Navy." Separate letters requesting collection of cash shall be made for meals furnished each class of personnel. Copies shall be assembled by classes of personnel and submitted with the Ration Record.

Line 119.--Military personnel for guests.--Report in column (c) of this line the number of rations (expressed in thirds, if necessary) sold at the rate of \$0.25 per meal or \$0.75 per ration to military personnel for their guests. The total value of such rations, as collected in cash from the individual to whom such subsistence is chargeable, must agree with the number of rations reported in column (c). The amount collected in cash shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy". Copies of letters requesting collection of cash for meals furnished guests shall be submitted with the Ration Record.

Line 120.--Civilian personnel, advance deposits.--Report in column (c) of this line the number of rations sold to civilian employees and Red Cross representatives. The total number of such rations as checked against advance deposits must agree with the number of subsistence days reported in column (c). The amount collected for meals sold by advance deposits shall be credited to the appropriation, "Medical Department, Navy." Separate letters of checkage shall be made for meals furnished civilian advance depositors and Red Cross representatives. Copies of these letters shall be assembled separately and submitted with the ration record.

Line 121.--Civilian employees, pay-roll checkages.--Report in column (c) of this line the number of rations (expressed in thirds, if necessary) sold at the rate of \$0.25 per meal or \$0.75 per ration to commissary employees and maids under the mandatory provisions of the schedule of wages. The number of such rations, as checked on the pay rolls, must agree with the number of subsistence days reported in column (c). The amount checked on the pay rolls shall be credited to the appropriation, "Medical Department, Navy."

Line 122.--Veterans' Administration, out-patient.--The total number of rations (expressed in thirds, if necessary) served to out-patients of the Veterans' Administration by hospitals authorized to furnish such meals shall be reported in this line. No collections for subsistence shall be made locally, as reimbursement will be effected by the Bureau at the rate of \$0.25 per meal or \$0.75 per ration.

Line 123.--Reserved.

Line 124.--Reserved.

Line 125.--Reserved.

Line 126.--Subtotal, section F.--Enter total in subcolumn (c) of lines 118 to 125, inclusive.

Line 127.--Grand total, all personnel.--Enter total in subcolumn (c) of lines 80, 117, and 126.

(7) SECTION G--STATUS OF LOCAL COLLECTIONS.--This section has been set up in order to eliminate detailed reports of services furnished for which charges are collected locally, by providing a means of reporting the necessary data on the ration record. Insofar as the Bureau is concerned, this section need be completed only in the record for the last day of each month. However, the hospitals may find it desirable to compute this section daily or weekly in order to avoid confusion and delay at the close of each month in locating errors and reconciling the data with the record of collections and other related records.

Personnel hospitalized or subsisted and from whom charges are collected locally, other than those already indicated in this section, shall be reported on one of the blank lines under the caption "Class of patient".

(a) The horizontal lines are numbered 1 to 13, inclusive. The subsistence or hospitalization rate, as may be applicable, is indicated in the instructions below:

Line 1.--Army officers and nurses, active.--Collections for subsistence shall be effected locally at the per diem rate specified in the annual naval appropriation act. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 2.--Army personnel, retired.--Collections for subsistence shall be effected locally from all retired Army personnel, officer or enlisted, at the per diem rate specified in the annual naval appropriation act. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 3.--Dependents.--Collections for hospitalization of dependents of the Navy, Marine Corps, and Coast Guard, other than those who are beneficiaries of the State aid under the emergency and infant-care program, shall be made at the rate specified in current instructions. (See AlNavSta 02, 29 Jan 1944.) Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 4.--Dependents, State-aid program.--Collections for hospitalization of dependents of the Navy, Marine Corps, and Coast Guard who are beneficiaries of the State emergency and infant-care program of one of the several States shall be made at the uniform reciprocal per diem rate as established annually by the Federal Board of Hospitalization. Collections shall be deposited with the disbursing officer for

ultimate credit to the appropriation "Medical Department, Navy". Detailed report of hospitalization is not required.

Line 5.--Civilian, humanitarian, nonindigent.--Collections for hospitalization of civilian, humanitarian, nonindigent, shall be made at the uniform reciprocal per diem rate as established annually by the Federal Board of Hospitalization. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 6.--Reserved.
Line 7.--Reserved.
Line 8.--Reserved.
Line 9.--Reserved.
Line 10.--Reserved.
Line 11.--Reserved.

Line 12.--Maternity Cases, Ex-Service Personnel.--Collections for subsistence shall be effected locally at the per diem rate specified in the annual Naval Appropriation Act. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 13.--Enter totals of lines 1 to 12, inclusive.

(b) (1) Column 1.--Enter the total sick days applicable to each class of patient during the month for which the report is submitted. Sick days shall be computed in the same manner as for naval personnel; i.e., excluding the day of admission and including the day of discharge, death, transfer, etc., (art. 1827 (2), N.R.). There can be no fractional days.

(2) Column 2.--Enter the per diem rate of charge for the service rendered.

(3) Column 3.--Enter only the total amount accrued during the month for which the report is being submitted. This figure is obtained by multiplying the number of sick days by the applicable rate as reported in column 2.

(4) Column 4.--Enter the total amount of accruals this month which have actually been collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy", prior to the close of business on the last day of the month.

(5) Column 5.--Enter the total amount of the accruals this month which remain uncollected at the end of the month for which the report is submitted.

(6) Column 6.--Enter the total amount of the accruals of previous months which have actually been collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of the month.

(7) Column 7.--Enter the amount of the accruals of previous month liquidated by other than cash collection. There shall be reported in this column that portion of amounts previously reported as accrued and uncollected which have been determined to be uncollectible because of:

- (a) Erroneous classification of the patient, or patients, in a previous report.
- (b) Determination of indigency after previously having been reported as nonindigent.
- (c) Death of a destitute patient.
- (d) Other legitimate reason.

Each such liquidation by other than cash collections of the total charge accrued shall be explained fully under "Remarks."

(8) Column 8.--This amount shall be obtained by subtracting the sum of the amounts reported in columns 6 and 7 of the current report from the amount reported in column 8 of the report for the previous month.

(9) Column 9.--The total collected and deposited this month shall be the sum of the amounts reported in columns 4 and 6.

NOTE: Sample of HF-36 available on request.

Under "Remarks" report the total value of provisions expended to use during the month covered by the covered by the report. This will include all provisions expended other than transfers and surveys due to loss or damage as a result of fire, flood, or other major disaster. -- ROSS T MCINTIRE

31 May 1944

44-99

To: NDs and RivCom-, NavTraCen (Great Lakes). NavHosps and NavSpHosps, and InspMedDept Activities.

Subj: Quarters, Heat, Light, Household Equipment, Subsistence and Laundry Furnished Certain Civil Employees of the Medical Department.

Ref: (a) BuMed Cir Ltr No. 43-162.
(b) BuMed Cir Ltr No. 41-56.
(c) BuMed Cir Ltr No. 41-52.
(d) BuMed Cir Ltr No. 40-32.
(e) Instructions covering line 47 and 48, relative to employees of the Commissary Group, Bureau Cir Ltr quarterly ration return, 1 Jan 1941.
(f) Ltr. of the President, 11 July 1941.
(g) Statement of a general policy for the Federal Government in providing nonhousekeeping quarters and laundry services to civilian hospital and other institutional employees.
(h) SecNav Ltr PS&M-f-McP, 11 Oct 1942.
(i) NavDept Cir Ltr SONYD-7-GN, 31 May 1941.
(j) Hospital accounting instructions, 25 Aug 1941.
(k) SecNav ltr SOSED-4-McP-hls, 10 Aug 1943.

1. References (a) to (e) inclusive, are hereby canceled, effective upon receipt of this letter. Reference (e) will be superseded in its entirety on 1 July 1944 by revised instructions which are being promulgated by separate correspondence. The applicable provisions of reference (j) shall be modified to conform to the instructions contained herein.

2. The following instructions are effective upon receipt of this letter:

(a) Employees of the special duty service.--Refer to page 26 of the schedule of wages for civil employees in the field service of the Navy Department, the Marine Corps and the Coast Guard, revised to 30 Nov 1943, and to article 621-6-(f)-(3)-(b).

Employees allowances, BuSandA Manual, and to the instructions covering line 47 and 48 (special duty service employees), reference (e) for applicable reporting and accounting instructions. The latter instructions are effective only through 30 June 1944 after which they will be superseded by those contained in BuMed Circular Ration Record, 22 May 1944.

(b) Excepted positions (alien), extra-continental hospitals only.--Naval hospitals beyond the continental limits employing alien labor have been or will be issued specific instructions covering each such naval hospital.

(c) Assignment of housekeeping and nonhousekeeping quarters to civilian employees.--This is a matter for administrative determination by the medical officer in command of each hospital concerned. If employees other than those of the special duty service are assigned quarters, cash payment therefor must be made by the individual civilian employee in the manner outlined in reference (i) and article 621-6-(f)-3-(a), 2121-3-(h) and 2179-5-(e), BuSandA Manual.

(d) Meals furnished employees other than those of the commissary group and special duty service.--The furnishing of meals to such employees is discretionary with the medical officer in command. Cash payment therefor at the rate of 25 cents per meal is mandatory. Payment shall be made by advance deposit procedure and not by pay roll checkage. The accounting and reporting shall be as prescribed in reference (i) and in articles 621-6-(f)-3-(a), 2121-3-(h), and 2179-5-(e), BuSandA Manual.

(e) Employees of the commissary group to which a mandatory subsistence checkage for one or more meals per day is applicable:

(1) The subsistence rate is 25 cents per meal.

(2) Such employees shall not be required to make payment for meals not furnished while a patient in hospital, a certificate signed by an official of such hospital, giving dates of admission and discharge and the number of days hospitalized shall be required.

(3) Such employees shall not be charged for meals not furnished during periods of authorized or unauthorized leave without pay.

(4) No refund or credit for meals not finished during periods of annual leave or sick leave, unless actually hospitalized, will be allowed.

(5) Except as noted in (2) and (3) of this subparagraph, employees of the commissary group living in nonhousekeeping quarters on the reservation shall, as a general rule, be checked for full subsistence at the rate of 75 cents per day, totaling \$5.25 per week. If local circumstances are such that the hospital believes that a modification of this rule is in order, authority to deviate therefrom shall be requested in each instance, stating in full the reasons therefor.

(6) Except as noted in (2) of the subparagraph, employees of the commissary group living in housekeeping quarters on the reservation, or living off the reservation, shall be checked for 1 meal per day for each day paid at the rate of 25 cents per meal. Such an employee paid for a 5-day period shall be

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checked on the rolls for 5 meals, 1 paid for a 6-day or 7-day period should be checked on the rolls for 6 or 7 meals, respectively.

(7) In the case of employees who are being checked on the rolls for only one meal per day, the meal to which entitled shall be determined by the medical officer in command and the employees concerned.

(8) Subject to approval of the medical officer in command, any employee of the commissary group may elect to take and pay for full subsistence at the rate of 75 cents a day, 7 days per week, or a total of \$5.25 per week.

(9) If the hour of the day of appointment or separation would preclude the employee from partaking of the determined daily number of meals, no checkage will be made for the day of appointment or separation respectively.

3. At the close of each month a general ledger adjustment voucher shall be prepared to cover that portion of the next weekly pay roll accrued and unpaid as of the last day of the month. The amount accrued and unpaid shall be recorded in the charge register as a debit to general ledger accounts 10 and 13, as may be applicable, and the total amount shall be credited to general ledger account 7. The amount accrued and unpaid shall be recorded in the Allotment Record (NavMed-HF-67) as an appropriational expenditure from the general ledger adjustment voucher. This procedure is prescribed in order to bring the account reported on the quarterly NavMed-B into agreement with the total of the amounts reported on the 3 monthly Labor Roll Summary (NavS&A 184) and the 3 monthly Report of Expenditures (NavS&A 280) for the same quarter. The following example indicates the information to be tabulated on the pay roll liquidation accruals taken up by the general ledger adjustment voucher.

(a) Weekly pay roll 26 June to 2 July 1944.

	Operating expense	Navy as a Whole	Vouchers payable
Total-----	\$ 4,000	\$1,000	\$5,000
Deduct amount previously reported GLAV No. dated, previously reflected in the charge register June 1944 covering the period 26 to 30 June-----	<u>3,000</u>	<u>750</u>	<u>3,750</u>
Difference, covering period 1 and 2 July to be reflected in charge register July 1944-----	1,000	250	1,250

(b) Subsistence checkages.

26 June to 2 July-----	\$500.00
Reported on fourth quarter FY 1944 ration return-----	\$375.00
To be reported on ration record, month of July 1944-----	125.00
	<u>500.00</u>

4. Particular attention is invited to the fact that the weekly payroll covering the last few days in June and the first few days in July is chargeable to 2 different fiscal years.

5. All applicable enclosures of reference (a) to (k) should be retained and attached to these instructions.--L. SHELDON, Jr.

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BuMed Circular Letter No. 44-115

17 June 1944

44-115

To: All Ships and Stations

Subj: Prevention of Ear Damage--Directions for the Use of the V-51 (R) NDRC Ear Warden

1. Introduction.--

(a) The subject ear defender, officially designated as "ear wardeh," was developed for the armed services by the national defense research committee and has been adopted by the naval service. It is not an item of issue by the Bureau of Medicine and Surgery, but is on the allowance list of the Bureau of Ships and the Bureau of Aeronautics.

2. Purpose.--

(a) The ear warden provides a convenient and comfortable device for occluding the auditory canal. When correctly inserted it minimizes noise and protects the wearer against extreme acoustic shock.

3. Applications.--

(a) In situations where a high noise level is continuously maintained, as in Diesel and motor-torpedo-boat engine rooms, the routine use of an ear warden lessens the hazard of temporary or permanent hearing impairment. It furnishes protection against the consequences of continued exposure to gun blast. Furthermore, the use of this ear warden does not seriously impair the reception of commands when personnel are exposed to loud noises.

4. Fitting.--

(a) The fitting of ear wardens shall be conducted under the supervision of a medical officer. The auditory canal shall be examined and any excess of ear wax removed. During this examination, the proper size of ear warden can usually be determined by inspection of the opening of the canal.

(b) Available sizes.--There are three sizes, i.e., small, medium, and large, for which the distribution ratio is 1:2:1. Selection from the standard sizes should result in a comfortable fit and a good seal. An occasional individual will require a plug for one ear larger or smaller than is required for the other ear. Men for whom the smallest warden is too large for a comfortable fit, and men for whom the largest size, does not give an adequate seal, can obtain considerable auditory protection by plugging the ears with cotton.

(c) If the seal in both ears is good, the wearer will notice a change in the loudness of the sounds around him, and especially a change in the quality of his own voice. A plug that is loosened by yawning or chewing is too small, and one giving rise to greater discomfort than a sense of fullness is too large. It is advisable to explain to personnel that there is no possibility of touching the ear drum with an ear warden of the proper size.

(d) Insertion.--While the ear warden can be correctly inserted with the fingers, this is greatly facilitated by means of a special applicator. For this reason, subject ear warden is furnished in a plastic container, the central portion of which is shaped to serve as an applicator. Four prongs, at either end of the device, are so proportioned as to accommodate, interchangeable, all sizes of ear wardens. From these prongs the warden is readily pushed into a normal ear canal. The ear warden should be inserted to the limit permitted by the safety tab, which should lie flat against the lobe of the ear. The removal tab should point toward the back of the wearer's ear for maximum protection. The ear wardens should be firmly replaced upon the applicators after use. In tortuous canals, insertion is facilitated by grasping between thumb and forefinger the top of the external ear which is then pulled upward and/or backward in order to straighten the external portion of the canal.

5. Contraindications.--(a) Ear wardens should not be used (1) when examination of the auditory canal reveals the presence of a skin eruption, furuncles, fungous infection, or inflammation, and (2) when, in a quiet location, it is imperative to hear weak sounds, such as whispered commands or the first warning of enemy activity.

6. Care in cleaning.--(a) Ear wardens, and the ears receiving them, should be kept scrupulously clean. The neoprene compound from which they are manufactured is nontoxic and markedly resistant to sea water and the action of ear wax. Ear wax, if visible, should be carefully wiped from the wardens after each period of use. Thorough cleansing should be carried out from time to time, with soap and water. Under no circumstances shall ear wardens be transferred from the custody of one person to another or be worn by another person unless disinfected. Neither alcohol nor phenol should be employed for this purpose. When the mushroom-shaped flange of the warden has been badly deformed through use or abuse, it should be replaced by a new plug. -- ROSS T McINTIRE

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BuMed Circular Letter No. 44-123

29 June 1944

To: All Ships and Stations

Subj: Malaria--Recommendations for Suppressive Treatment (Chemoprophylaxis).

1. General considerations.--(a) Although there is no drug known which will prevent mosquito-borne infection with malaria, atabrine and quinine, when properly employed, delay the onset of symptoms of the disease. These drugs are therefore useful to keep men on their feet during urgent military operations when illness from any cause must be kept at an absolute minimum.

(b) Eventually, when suppressive treatment is discontinued, many individuals who have been infected will become acutely ill with malaria. Recent evidence, however, indicates that when suppressive treatment with atabrine is taken as recommended a high proportion of infections with plasmodium falciparum will never become clinically active. In such cases it appears that continuous suppression may lead to complete cure. It also seems probable that suppressive treatment with atabrine may lessen the severity of symptoms when clinical activity supervenes during its routine use. Fortunately, increased parasite resistance to atabrine does not appear, even after prolonged suppressive usage. Clinical attacks which occur in spite of suppressive treatment respond promptly to further treatment with atabrine in the usual clinical doses.

(c) A serious disadvantage in the use of suppressive treatment is that it may dangerously conceal the amount of malaria which may be gradually seeding a unit. The apparent freedom from malaria may lead to carelessness in the enforcement of malaria discipline. Commanding officers of such units are apt to regard truly preventive measures such as mosquito control and individual protective measures as not necessary. If the risk of infection is sufficiently great to necessitate the use of suppressive treatment, it is all the more important to stress truly preventive measures. As excellent as atabrine has proved itself in those military situations which deny the possibility of control by truly preventive measures, its continued use, to the neglect of and as a substitute for such measures, is inexcusable. As an illustration of the menace of silent seeding one of the most serious outbreaks of malaria occurred in an organization which, prior to entering combat, employed suppressive treatment for many months. Later, upon entering combat, a large portion of previously accumulated latent cases became acutely ill. Malaria appeared in epidemic proportions at the very time suppression was most desired.

2. Drug of choice.--(a) When suppressive treatment is essential, atabrine is the drug of choice. Not only does limitation of supply preclude routine use of quinine, but experience has shown that atabrine is more effective and, as a rule, is better tolerated and preferred by troops. In very rare instances, when individuals are unable to tolerate atabrine, quinine may be employed in 10-grain daily doses as a substitute, provided that a medical officer has specified that this is necessary.

3. Untoward effects of atabrine.--(a) In the early phases of initiating a program of suppressive treatment, it is not uncommon for a certain proportion of individuals to show symptoms of intolerance. Under conditions of improper administration, a high percentage of untoward reactions has been experienced in occasional groups. Usually in such instances it is found that the drug was administered on an empty stomach. Often the fairly large initial dose of two tablets (0.2 gram) will cause trouble in individuals; occasionally one tablet may do so. Reactions are unusual when one-half tablet (0.05 gram) is employed. Whenever diarrhea and enteritis have been prevalent in groups prior to the first administration of the drug, the amount of intolerance has been excessive. Concomitant seasickness is another predisposing cause for untoward reactions.

(b) The most common untoward symptoms experienced are nausea and vomiting, usually coming on several hours after the atabrine. Abdominal cramps and diarrhea are not unusual. Later on, during the continued administration of the drug, a yellowish discoloration of the skin may appear. This is not a sign of toxicity, but is due to the dye character of the drug, and will disappear after the drug is discontinued.

(c) After the phase of initial intolerance is over, it will be found that less than 1 percent of any group will be unable to continue with the drug. Medical officers, by correcting the mistakes pointed out above and by reducing the dose for temporary periods in individuals who experience difficulties, will find but rare cases of persistent intolerance.

(d) Experience to date has given no evidence of toxicity from long-continued use of atabrine in suppressive doses. No ill effects whatever have been noted in large groups of men who have taken the drug continuously for more than a year. Extensive investigation has failed to show that atabrine in the usual doses has any effect upon the flight capacities of flying personnel. It is hardly necessary to state that widely circulated rumors that continued use of atabrine might cause impotence of sterility have no basis in fact whatsoever.

4. Plasma concentration of atabrine during suppressive treatments.--(a) Although atabrine is promptly absorbed from the intestine, tissues must first be saturated before a plasma concentration of the drug effective for suppression of malaria is attained. Experimental studies indicate that half the maximum level attainable on a given suppressive dose is reached after the first week. Thereafter, the level increases at a rate of 50 percent per week. Thus, for practical purposes, it may be considered that the maximum level is attained at the end of the fourth week. Following cessation of administration, the rate of decline of the plasma level is also 50 percent per week. This knowledge concerning the rate of building up and dropping off of the plasma level can be used to advantage in determining proper doses of atabrine to employ during the field operations when consumption of the drug by troops in combat is apt to be irregular.

(b) The exact plasma concentration necessary to suppress symptoms is not established with certainty. In fact, it is likely that the required concentration is different in different individuals and perhaps

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varies from time to time in the same individual, depending upon physiological and other factors. It is known that there is great variability in the plasma level attained in a group of men given the same dosage of drug. However, with the dose recommended in paragraph 6a below, it appears probable that an effective level for suppression is maintained in all but a few exceptional individuals.

5. Occurrence of clinical symptoms during suppressive treatment.---(a) In highly malarious regions, especially under the stress of combat, suppressive treatment may fail to prevent clinical symptoms in a certain percentage of cases. The factors that permit these "break-through" attacks are not definitely known but by far the most important is failure to take the prescribed doses of the drug. In practice, even under the best of conditions some doses are missed. In combat, much greater irregularity in taking the drug generally prevails. For this reason recommendations are made in paragraph 6 below. For augmented dosage of atabrine to foresee and compensate for those conditions in which there is increased likelihood of failure to take the drug.

(b) Clinical attacks occurring during suppressive treatment should be given a course of clinical treatment, following which suppressive treatment should be resumed, if still indicated.

6. Administration of atabrine for suppressive treatment.---(a) The recommended method is to give one tablet of atabrine (0.1 gram, $1\frac{1}{2}$ grains) daily at the evening meal, total of 0.7 gram per week. This routine dosage leads to relatively few cases of initial intolerance and virtually no cases of continued intolerance.

(b) Under conditions of great military urgency, such as actual combat, the dose of atabrine may be increased for short periods to two tablets daily. It is important that these larger doses be administered only after troops have become adjusted to the smaller dosage routine, and that they be reduced promptly when the critical period is over.

(c) Occasionally, after troops have returned from strenuous combat, a considerable number of "break-through" attacks may occur despite the prescribed administration of one tablet (0.1 gram) daily. Under such circumstances, the malaria rate may be reduced by giving three tablets (0.1 gram each) daily after meals, under medical supervision, for a period of 3 to 5 days. The routine schedule of one tablet daily should then be resumed.

(d) Methods of increased dosage or "loading" may also be used in certain situations before men are sent into active combat in highly malarious regions. The administration of two tablets of atabrine (0.1 gram each) daily for 1 week preceding the mission will establish a plasma level sufficient to allow for possible irregularity in taking the drug during the succeeding week. Increased dosages should be employed only in critical situations where a high malaria incidence would present a hazard to the mission to be accomplished.

(e) If conditions are urgent enough to necessitate suppressive treatment it is equally urgent that a proper system for supervising the administration of the drug be required. This is the responsibility of the unit commander. It is recommended (1) that the drug be administered by roster to both officers and men; (2) that a competent noncommissioned officer witness the actual swallowing of the drug by each individual; (3) that, by checking the roster regularly, all individuals who have failed to take the drug be required to report and take sufficient dosage to equal the amount missed; (4) that men on detached duty, such as patrol, be given drug sufficient for the period they are to be away and explicit directions for taking it.

7. When to start suppressive treatment.---(a) In the past, medical officers have on occasion instituted suppressive treatment in their organizations prior to arrival at a malarious base. Upon landing they have found that none of the other troops were employing chemo-suppression. On certain bases, control measures have succeeded to the extent that atabrine suppression is no longer required. Thus, before initiating a program of suppression, it is best to request instructions by dispatch from the area malaria-control officer. If specific instructions cannot be obtained, medical officers should advise their commanding officers to withhold atabrine until after arrival and consultation with the permanently based malaria-control unit at the malarious base concerned. If atabrine is found to be indicated at that time, suppressive treatment may be started after arrival without any fear that the situation may get out of hand.

(b) There are certain advantages in starting suppressive treatment 1 or 2 weeks in advance of exposure when it is known that suppression will be required. First, opportunity is afforded to discipline officers and men in the routine of taking atabrine. Second, such reactions of intolerance which may sometime accompany the first few doses are experienced before the men engage in combat activities. Third, effective plasma concentrations of the drug are achieved earlier during the period of exposure.

(c) Landing on a malarious base under active combat conditions demands that the routine of administration be well established before arrival. If the malaria situation appears to be potentially very dangerous even "loading" (as described above) may be instituted during the preliminary period prior to landing.

(d) In rare instances a medical officer will not be able to estimate satisfactorily the necessity of employing suppressive treatment, or he may not be convinced of its desirability under the peculiar circumstances in which his unit will function. In such a case the conservative approach is to place the majority of the unit on suppression, but to omit a sample of sufficient size as a control and determine by the incidence of malaria in that group whether atabrine should be continued on all, or whether it may be safely stopped.

(e) In heavily seeded units which are to reenter combat after a period of relative inactivity it is usually advisable to increase the group mean atabrine blood levels, prior to the onset of combat activities, by administering "loading" doses as described above.

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8. When to discontinue suppressive treatment.--(a) Previously it has been recommended that upon withdrawal to nonmalarious or relatively nonmalarious areas suppressive treatment be stopped. In heavily malarious units, the results, even when the troops were staggered off treatment, have been most unsatisfactory. Hospital facilities have been flooded, and repeated relapses have been so numerous that major portions of units have been unable to rehabilitate or to undertake essential training maneuvers for periods of many months.

(b) The present tendency is to continue to the employment of suppressive treatment in heavily infected units for the duration of their activities in the theater of war, whether upon a malarious or nonmalarious base.

(c) In units evacuated to nonmalarious areas in which it is probable that heavy seeding with malaria has not taken place, the drug may be discontinued as follows: Stop the drug in a representative sample of two or three hundred men for a period of 4 weeks, but continue it in all others. This will permit an estimate of the amount of malaria to be expected in the entire unit and indicate whether suppression must be continued or can be safely stopped.

(d) In any case where it is deemed advisable to stop suppressive treatment, it is preferable that atabrine in suppressive dosage be continued 4 weeks beyond the period of last exposure to malaria. Present evidence indicate that the employment of atabrine beyond the period of exposure will result in a "suppressive cure" in a considerable proportion of suppressed, latent P. falciparum infections.--ROSS T McINTIRE

To: All Medical Officers

Subj: Letter of Information and Instruction on the Use of Casein Hydrolysate (Amigen).

Ref: (a) BuMed News Letter Item: Nutrition in Convalescence, Vol. 3, No. 3, p. 9.
(b) BuMed News Letter Item: Parenteral Protein Administration, Vol. 3, No. 5, p. 4.

1. Amigen has been added to the supply catalog.

2. Amigen powder is a stable product suitable for extracontinental shipment. The contents of a single can (50 grams) is the amount required to prepare, 1,000 cubic centimeters of a 5 percent solution for parenteral administration. Solutions of varying concentration for oral feeding may also be prepared from the powder. A pilot allotment of 1 case (48 cans) of amigen powder will be shipped from the Naval Medical Supply Depot, Brooklyn, N.Y., to all naval hospitals, special hospitals, fleet hospitals, base hospitals and hospital ships. Subsequent procurement will be by requisition.

3. Amigen solution (5 percent Amigen, 5 percent dextrose), in liter infusion flasks, is sterile and pyrogen-free, ready for immediate intravenous administration. This preparation is less stable, having a 6-months' expiration dating. Therefore, distribution will be limited to continental hospitals and to those extracontinental hospitals where rapid transportation will assure arrival at destination in adequate time for use within expiration dating. One case (6 flasks) of amigen solution will be shipped from the Naval Medical Supply Depot, Brooklyn, N.Y., to each continental hospital and to extracontinental hospitals where above-stated shipping conditions can be met. Subsequent procurement will be by requisition.

4. A leaflet prepared by the manufacturer describing amigen, indications for its use and methods of preparation and administration of amigen solutions accompanies each case unit.

5. Casein hydrolysate (amigen) is a dried enzymatic digest of purified casein and pork pancreas. The product is made by a process of digestion of casein and pork pancreas in which the pancreatic enzymes convert casein and the proteins of the pancreas almost entirely to amino acids, a small amount remaining as simple peptides. The amino acids contained include the 10 "essential" as well as certain nonessential amino acids.

6. Appropriate manufacture and laboratory control assure a product in powder form which is commercially sterile (the bacterial count is well below the pyrogenic level; hemolytic cocci and Esch. coli are absent.) and a product in solution (5 percent amigen, 5 percent dextrose) which is sterile and pyrogen-free. Appropriate testing of batches also assures a nonantigenic product capable of supporting growth in laboratory animals and having a metabolic value equivalent to orally ingested protein, as shown by comparative observations in nitrogen balance and plasma regeneration.

7. In a report of the Committee on Convalescence and Rehabilitation of the National Research Council on the nutritional aspects of convalescent care (reference (a)), it was pointed out that solutions of hydrolysate of casein, or other high-grade proteins, represent a physiologically acceptable method of providing nitrogenous food parenterally. Following a survey of the various preparations available for parenteral protein feeding, the committee reached the following conclusions:

Transfusion of whole blood and infusion of normal or concentrated plasma are not ordinarily thought of as nutritional measures. They are used for maintaining blood volume and circulation. Every 100 cubic centimeters of normal blood contains about 15 grams of hemoglobin and 6 grams of plasma protein. Hemoglobin is not suitable for replacement of tissue protein. However, injected plasma protein is metabolized to some extent and so provides a source of nitrogen nourishment and protects, in part at least, against tissue wastage.

Solutions of hydrolysates of casein, or other high-grade proteins, have recently been employed and, because food protein is normally hydrolyzed before absorption, represent a more nearly physiological method of parenterally providing nitrogenous food. Of the various hydrolysates available there is only one which is well utilized and will maintain nitrogen equilibrium. It is prepared by enzymatic hydrolysis of casein. Acid hydrolysates should have certain theoretical advantages; however, up to the present time, it has been impossible to produce acid hydrolysates without destroying certain essential amino acids, notably tryptophane. Mixtures of pure amino acids suitable for injection have definite advantages, but they are expensive and are not yet available in large quantity.

8. The importance of a constant positive nitrogen balance in wound healing and in resistance to infection has been well established. This was emphasized in reference (b), and the role of casein hydrolysate in meeting the large protein needs occurring in severe burns, wounds, and infections was discussed.

9. The indications for use of amigen in general include most cases usually recognized as requiring injections of dextrose and saline. The specific types of patients where the need is more direct and urgent may be grouped as follows:

(a) Patients unable to take food by mouth.--In this category are patients with gastrointestinal obstruction of any kind--from the mouth to the rectum. Such conditions include esophageal spasm or stricture, carcinoma of the esophagus, stomach or colon, pyloric or intestinal obstruction, intussusception, perforation of the intestine, diverticulitis of the colon, etc.

To such conditions may be added intractable vomiting, pyloric stenosis, or prolonged anorexia in which even tube feedings are not retained.

(b) Patients who should not take food by mouth.--In many patients the ingestion of food is deleterious, and the gastrointestinal tract is in need of complete rest. Frequently included in this group are cases with severe infection of the gastrointestinal tract, such as: Generalized peritonitis, esophagitis, gastritis, gastroenteritis, ulcerative colitis, typhoid fever, severe diarrhea or dysentery. Included also in this category are all postoperative patients in whom an anastomosis or other surgical procedure is performed on the gastrointestinal tract. Battle casualties with perforated wounds of the abdomen, peritonitis, or those requiring subsequent extensive repair are necessarily included in this group.

(c) Patients who cannot take sufficient food by mouth.--In such cases it may be important to correct an existing deficiency more rapidly than is possible by the oral route alone. Patients who have suffered from exposure and malnutrition due to inadequate food supply, or those who have been sick and are severely malnourished because of the associated anorexia belong in this category. Others who are extremely malnourished and are unable to eat enough food to correct the deficiency in a reasonable period before operation likewise are benefited by amigen. In nutritional edema, or in the presence of severe hypoproteinemia, parenteral administration of amino acids, in the form of amigen, is indicated.

Patients with severe wounds and burns require large quantities of protein to correct their protein depletion. Furthermore, to maintain nitrogen balance essential to healing and tissue regeneration, it is necessary in these cases to continue a high level of protein intake because of excessive protein catabolism, protein loss in blood and exudates, and protein required for new tissue. These patients rarely can meet their large protein need by ingestion of food. By the use of amigen orally and parenterally the protein deficit may be rapidly corrected and nitrogen balance maintained.

Patients with high fever, and accompanying anorexia, likewise profit by supportive amino acid treatment with amigen.

(d) Patients who cannot assimilate protein.--Acute infections may diminish the secretion of proteolytic enzymes. It is quite possible that much malnutrition, especially in infancy and in senility, is due not so much to inadequate food intake as to poor assimilation. In nutritional edema the gastrointestinal tract may become involved, leading to imperfect digestion. Specifically, a need for amigen has been demonstrated in intractable diarrhea, ulcerative colitis and pancreatic fibrosis. In such conditions, proteins are often improperly hydrolyzed or poorly absorbed. Inability to metabolize protein properly may be important in the etiology of delayed fracture healing.

10. One liter of 5 percent Amigen, 5 percent dextrose solution for parenteral administration may be prepared from one (50-gram can) of amigen powder as follows:

(a) All glassware and equipment used for preparation should be thoroughly cleansed, rendered pyrogen-free and sterilized before use.

(b) Pour the contents of a 50-gram tin of amigen powder onto the surface of 350 cubic centimeters of warm (100° to 130° F.) pyrogen-free distilled water and dissolve with stirring.

(c) Weigh half gram of solid sodium hydroxide, dissolve in 25 cubic centimeters of distilled water and add to the above amigen solution with stirring. Add an additional 100 cubic centimeters of pyrogen-free water to make 500 cubic centimeters of a 10 percent solution of amigen.

NOTE: In the manufacture of amigen powder the pH is controlled at 5.5, hence the addition of this amount of sodium hydroxide may be depended upon to increase the pH to 6.5, the level desired for parental use. The margin of safety of this neutralization procedure is very wide since, when unneutralized (pH 5.5), the solution causes no ill effects upon administration and when overneutralized (pH 7.5), a gross precipitation occurs upon autoclaving, indicating unsuitability for intravenous or subcutaneous injection.

(d) Filter through lint-free, sterile filter paper into a liter bottle or flask. Filtration is speeded by the use of a fluted funnel, or by folding the filter paper or placing applicators between the paper and funnel.

(e) Plug with lint-free material and immediately autoclave for not less than 15 minutes at 10 pounds pressure.

NOTE: Absorbent cotton enclosed in lint-retentive cloth makes a convenient plug.

(f) The 10 percent solution thus prepared and sterilized by autoclaving is not stable and tends to deposit a fine sediment in from 2 to 5 weeks. This can be seen on the bottom of the container as a dustlike material which disappears in a small cloud when the bottle is whirled. Solutions with sediment should be discarded. The 10 percent solution may be stored at room temperature, although storage in a cold place will delay appearance of the sediment.

(g) Mix equal volumes of the 10 percent amigen solution and 10 percent dextrose solution aseptically in an infusion flask just before administration. This gives a final concentration of 5 percent amigen and 5 percent dextrose.

Precautions.--Rigid asepsis is very important in the preparation and administration of amigen solutions because such solutions are excellent media for bacterial growth. The following precautions must be carefully observed:

(1) A turbid solution indicates bacterial contamination and must be discarded.

(2) Discard if the solution contains any sediment or particulate matter.

(3) When a flask of amigen solution has been opened, it should all be given during the injection. Any part not used must be discarded because of the danger of contamination.

(4) Amigen solutions should not be given from the same infusion apparatus as plasma without thorough cleansing, since the small amount of calcium in amigen may react with the anticoagulant of the plasma if small amounts remain in the apparatus.

(5) Only clear, sterile, nonpyrogenic solutions should be injected.

Pyrogen.--Amigen powder as manufactured is free from pyrogen; and adequate precautions must be taken that solutions made from the powder are also pyrogen-free. Water may contain pyrogen because (1) the receiver or glassware is contaminated, (2) the still is not properly designed with suitable baffles to prevent the entrainment of spray, (3) the water under going distillation is so heavily contaminated with pyrogen that a single distillation will not be adequate, (4) the still is run too close to maximum capacity, or (5) the distilled water is not promptly sterilized after collection.

11. To assure removal of pyrogens from glassware used in the preparation and administration of amigen solutions, the glassware should be thoroughly washed with soap and water, rinsed with tap water and cleaning solution, again with tap water and finally with pyrogen-free distilled water. The glassware should then be allowed to dry, mouth down, and, within 2 hours of rinsing, be sterilized by autoclaving at 15 pounds pressure for 15 minutes.

Rubber tubing, through which plasma or crystalloids have been administered, may be rendered pyrogen-free for use with amigen by immediately flushing out with large amounts of tap water and then with pyrogen-free distilled water, using 1 liter for each 30 to 40 inches of tubing. When used tubing cannot immediately be cared for in this manner, it should be put to soak in tap water until it can be cleansed and then boiled for 15 minutes in 5 percent sodium hydroxide, 5 percent sodium carbonate or 3 percent sodium phosphate. After boiling, the alkali should be removed by thorough flushing with tap water, rinsed with distilled water, dried and autoclaved at 15 pounds pressure 15 minutes.

Needles may be prepared for use by cleaning with a solution of green soap and 5 percent phenol, rinsing with 70 percent and sterilizing with the tubing.

When reassembling a plasma set for use with amigen, the filter may be omitted and the long delivery tube attached directly to the short needle connector.

12. The 5 percent amigen, 5 percent dextrose solution prepared as described and contained in a liter infusion flask stoppered with a standard rubber stopper is ready for immediate intravenous administration. The standard tubing and needles supplied with the plasma transfusion units or intravenous sets may be used in the same manner as they are used in giving plasma, glucose or saline. The 5 percent amigen, 5 percent dextrose solution prepared by the manufacturer for parenteral use is contained in a liter flask stoppered with a plain rubber stopper. Administration is most conveniently accomplished by the technic used to administer plasma.

13. No serious or anaphylactic reactions may be expected following the administration of properly prepared amigen solutions. The appearance, during administration, of nausea and vomiting indicates too rapid intravenous injection. The speed of injection at which this reaction may occur varies in individuals. The average adult will tolerate the injection of a liter of amigen, 5 percent dextrose 5 percent over a period of 2 hours with no complaint.

14. Amigen solutions may safely be given subcutaneously and are usually absorbed rapidly. It is preferable that the solution be isotonic. Suitable solutions can readily be prepared by dilution of the 10 percent amigen solution. The addition of two volumes of physiological saline to one volume of amigen solution 10 percent gives the preferred solution for subcutaneous use.

15. A 5 percent or 10 percent solution of amigen is suitable for oral or gastric tube feeding. Dilution with an equal volume of 10 percent or 20 percent dextrose is preferable for jejunal or enterostomy tube feedings. It is best under all circumstances to feed small amounts frequently (50 to 150 cubic centimeters per hour). The flavor of amigen may be improved by adding salt to a concentration of 0.5 percent NaCl or by dissolving in carbonated drinks or fruit juices.

16. The daily dosage of amigen solution to be administered is the volume of solution required to cover the patient's protein needs. For practical purposes 1 gram of amigen powder is equivalent to 1 gram of protein. The daily requirement for the normal adult is approximately 1 gram of protein per kilogram of body weight. For a protein-depleted patient 2 grams of protein per kilogram of body weight is the usual protein intake prescribed for children. This level may be required by adults suffering from severe protein depletion or severe burns; 5 grams of protein per kilogram of body weight is the daily requirement for the protein-depleted infant or child and occasionally for the protein-depleted adult who is rapidly losing protein. When more than 3 liters of amigen solution are required to meet the protein requirement, it is preferable to use oral or tube feeding in addition to parenteral administration.

17. The Bureau will appreciate receiving reports of amigen-treated cases which are considered of unusual interest. In event of any untoward reactions following administration of amigen, reports will be submitted giving the lot number and pertinent details. -- ROSS T MCINTIRE

17 July 1944

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To: Comits, NavDists and RivComs (Continental)

Subj: Photofluorographic Equipment Required for the Examination of the Chests of all Naval and Marine Corps Personnel; Information Concerning.

Ref: (a) Par. 21103, ManMedDept.

1. Thirty-five millimeter photofluorographic equipment will be used for these examinations except where four by five inch photofluorographic equipment has already been installed. Two types of new equipment are obtainable; stationary photofluorographic units for permanent installations, and mobile photofluorographic units mounted in buses or trailers.

2. It is desired to complete the required examinations with a minimum of photofluorographic units. No stationary unit should be permanently assigned to a station unless it can be used constantly near its capacity, thereby maintaining efficient and economical use of personnel and equipment together with high-grade technique and interpretation. When stationary units are established, or already present, they should be used for all required examinations, service and civilian, where possible, thereby avoiding duplication of equipment and personnel.

3. The new mobile photofluorographic units, mounted in buses or trailers, will be complete and self-contained and will be ready to be put into operation upon arrival at a station. A station wagon or similar vehicle is required, in addition, for transporting personnel and supplies.

4. Either type of photofluorographic unit, stationary or mobile, properly staffed and equipped, can examine at least 500 persons daily. -- L SHELDON, Jr.

JOINT LETTER: BuMed - MarCorps

18 July 1944

BuMed Circular Letter No. 44-140

To: NavHosps (All types Continental)

Subj: Instructions for Processing Reports of Medical Survey in the Case of Officers of the United States Marine Corps and United States Marine Corps Reserve Found to be Fit for Duty by Boards of Medical Survey.

Ref: (a) Par. 3318, Man.Med.Dept., 1945.

1. Reference (a) provides that no patient who has been surveyed will be disposed of until the activity submitting the report has been informed, by receipt of the returned copy, or otherwise officially notified, of the action taken by the Navy Department on the report. Although in the past it has required from 2 to 4 weeks to effect the return to duty of officers found to be fit for duty by boards of medical survey, experience has shown that an average time of less than 48 hours is required to process reports of medical survey in the Bureau of Medicine and Surgery. In the interest of more sufficient utilization of both personnel and hospital facilities, it is desired that officers be returned to a duty status as expeditiously as possible following hospitalization. In order to effect this, it is directed that the following procedure be carried out:

(a) When an officer of the United States Marine Corps or United States Marine Corps Reserve is found by a board of medical survey to be fit for all his duties or for limited duty, the board's report shall be processed at the submitting activity and forwarded to the Bureau of Medicine and Surgery (by air mail whenever feasible) as expeditiously as practicable. If the duties of such an officer involve flying, the report of medical survey shall be accompanied by a report of physical examination for flying (NavMed-Av-1).

(b) Especial care shall be given the preparation of such reports in order that sufficient information regarding the nature of the disability, the origin and conduct status, aggravation by service and the present condition of the patient be presented to permit action to be taken without further reference of the report to the board of medical survey for amplification or clarification in some of the above respects.

(c) Upon receipt of orders or a copy thereof from the Commandant of the Marine Corps, in which it is stated that the report of medical survey has been approved, appropriate entries shall be made in the health record regarding departmental action on the report of medical survey, and the officer concerned shall, upon discharge from treatment be directed to carry out his orders even though the approved copy of the report of medical survey has not been received by the activity from which it originated.

2. It is believed that orders can be issued by the Commandant of the Marine Corps in the cases of such officers and delivered to the activity from which the reports of medical survey originated within a period of seven to ten days from the date of submission of reports of medical survey if such Reports are submitted by air mail and orders are returned by dispatch or air mail.

3. Occasionally officers of the United States Marine Corps or United States Marine Corps Reserve are admitted to a naval hospital within the same naval district as their permanent station of duty and are not detached from their permanent station of duty. Such officers who appear before a board of medical survey and are found to be fit for all their duties may be returned to their permanent station of duty upon approval of the report of medical survey by the medical officer in command of the naval hospital. In such cases the endorsement on the report of medical survey should indicate that the report has been approved by the medical officer in command and that the officer has been returned to duty in accordance with this joint letter. If the duties of such an officer involve flying, the report of medical survey should be accompanied by a report of physical examination for flying (NavMed-Av-1).-- L SHELDON - A A VANDEFRIET

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BuMed Circular Letter No. 44-145

28 July 1944

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To: All Ships and Stations

Subj: Chlorinated Solvents, Methyl Chloride and Methyl Bromide--Health Hazards of

1. All personnel engaged in the use of subject agents must be aware of the health hazards involved, the protective measures that must be enforced, and the procedures of self-aid, first-aid, and treatment after exposure.

2. Chlorinated Solvents.

A. General.--(1) The chlorinated solvents commonly issued to the naval service are as follows:

- (a) Dichlorethane (ethylene dichloride)
- (b) Tetrachlormethane
- (c) Trichlorethylene
- (d) Tetrachlorethylene
- (e) Tetrachlorethane

B. Occurrence.--(1) These solvents are variously used in degreasing, cleaning, and paint-stripping operations in the naval service. Carbon tetrachloride is also contained in one type of fire extinguisher. In addition, tetrachlorethane, the most toxic of all these compounds, is used as a solvent for organic substances in the solvent impregnation of gas protective clothing and in decontaminating operations. Certain of the solvents are used also in dry-cleaning operations.

C. Recognition.--(1) These chlorinated solvents are colorless, not unpleasant smelling liquids which evaporate forming poisonous fumes. On contact with heated metal or open flames these compounds decompose in phosgene and hydrochloric acid-gas which may be recognized by their odor.

D. Protection.--(1) Serious accidents are usually the result of careless handling of the solvents in inadequately ventilated enclosed spaces. The following precautionary measures shall be observed:

(a) All chlorinated solvents should be handled only by trained personnel and under competent supervision.

(b) All degreasing machines and equipment must function properly. Many are designed for certain solvents and are not to be used with other compounds. All vapors must be exhausted and discharged to the outside atmosphere to prevent creating a toxic hazard.

(c) All hand operations, where special equipment for use of these solvents is not available, must be done in a well-ventilated area, preferably in the open air.

(d) Impermeable gloves are to be worn in hand operations to avoid contact of the skin with the solvents. If indicated, impermeable sleeves, aprons, and other protective clothing should also be donned. The impermeable items should be of the polyvinyl alcohol type. The chlorinated solvents attack ordinary rubber and have some effect upon synthetic rubber.

(e) The solvents are not to be heated on an open flame or on electric hotplates, nor is smoking to be permitted in any operation where they are handled.

(2) Both types of Navy oxygen-rescue-breathing apparatus give adequate protection.

(3) The service mask protects against low concentrations of the vapor. In high concentrations, however, the mask should not be relied upon for longer than 5 minutes.

E. Effects on the body.--(1) The solvents are poisonous in both the liquid and vapor phase. In addition, decomposition products, i.e., phosgene and hydrochloric acid gas, resulting from exposure to high temperatures, are extremely toxic. The solvents irritate the eyes, producing conjunctivitis, high concentrations of the vapor or large amounts of the liquid irritate the exposed skin. Repeated contact with lower concentrations and smaller amounts of the liquid may cause a sensitization resulting in long-standing dermatitis which is resistant to treatment. They also produce serious effects, which may result in death, when absorbed through the lungs by inhalation of the vapor or through the gastrointestinal tract or the skin when the liquid form is involved. The absorbed solvents act principally on the brain, liver, and kidneys.

F. Signs and symptoms.--(1) Man affected by these chlorinated solvents become dizzy (often described as the "jag"), weak, and finally unconscious. Other symptoms in various stages of poisoning include blurred vision, tingling and burning of the skin, a sense of fullness in the head, nausea, vomiting, and diarrhea. Delayed symptoms of pulmonary edema may occur from inhalation of the decomposition products, phosgene and hydrochloric acid gas.

G. Self-aid after exposure.--(1) Wash out at once with water any splashes of liquid in the eye.

(2) Wash off as quickly as possible with soap and water any splashes of liquid on the skin.

(3) Remove immediately any clothes saturated with the liquid, avoiding inhalation of the poisonous fumes as much as possible, and bathe with soap and water. The clothes must be placed in an airtight container until they can be ventilated in the open air or otherwise disposed of to prevent exposure of other personnel to the fumes.

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(4) On exposure to the vapor, don the gas mask immediately and get into fresh air as quickly as possible.

(5) If further symptoms develop, keep quiet and comfortably warm until medical air arrives.

H. First aid and treatment.--(1) In addition to the above, give artificial respiration if breathing has stopped.

(2) Give inhalations of oxygen or the oxygen carbon-dioxide mixture if possible.

(3) Promote excretion of the absorbed toxic substances by the administration of glucose and saline solutions intravenously. The glucose may act to limit the degree of liver damage. Where available, amino acid mixtures, listed in the Supply Catalogue of the Medical Department given intravenously also tend to exert a protecting action with respect to the liver.

(4) If pulmonary edema develops and breathing becomes difficult, administer oxygen in as high a concentration as possible; in any case high enough to eliminate cyanosis. Absolute rest must be continued until acute symptoms have disappeared. As soon as the edema begins to subside, as reflected by an improvement in the patient's general condition, administer sulfadiazine to prevent pulmonary infection.

(5) Treat the dermatitis with wet dressings of aluminum acetate 1:100 solution or with sterile saline solution.

I. Prognosis.--(1) With mild degrees of exposure, recovery is the rule. However, it is essential that a casualty be promptly removed from further contact with the gas. Fatalities are common with severe degrees of exposure.

(2) Repeated exposures may result in irreparable damage to health, and trichlorethylene may be habit-forming.

3. Methyl Chloride.

A. Occurrence.--(1) Methyl chloride is used in certain naval refrigeration units ashore as a substitute for freon owing to the present shortage of the latter. It is not employed in installations afloat. Poisonous concentrations of methyl chloride vapor are quickly built up in poorly ventilated spaces and compartments. Explosive concentrations may occur from refrigerant leaks either within the unit itself or in small enclosed spaces housing the unit. In addition, phosgene and hydrochloric acid are liberated when methyl chloride contacts an open flame.

B. Recognition.--(1) Methyl chloride is a colorless liquid or gas. Heavy concentrations of the gas have a sweet ether-like odor. Lower concentrations, although still poisonous and combustible, are odorless.

C. Protection.--(1) The following precautionary measures shall be observed where methyl chloride is used.

(a) Methyl chloride shall be handled only by trained personnel under competent supervision.

(b) Methyl chloride shall be used only in refrigerating systems designed for that gas since the agent damages natural and certain synthetic rubber products such as gaskets and washers. In addition, moisture within the system reacts with the agent to produce a product which corrodes aluminum magnesium, zinc, and their alloys.

(c) Methyl chloride shall not be used for air-conditioning units, especially to cool sleeping quarters or medical facilities, because of the hazard to sleeping or otherwise helpless personnel. Methyl chloride is explosive under certain conditions. This hazard is great when methyl chloride replaces a refrigerant for which the equipment was specifically designed.

(d) Systems using methyl chloride shall be inspected periodically for detection of leaks. Naked lights, open lamps, matches, or other flame devices should never be used in such inspection nor in the immediate vicinity of a confined installation.

(e) The search for leaks should always be effected with soap suds. Very slight leaks may be detected with special devices, if available.

(f) Methyl chloride systems should never be overhauled without protective equipment or good ventilation.

(2) If an atmosphere contaminated with methyl chloride is encountered, the following precautions are to be observed:

(a) The area affected shall be immediately cleared of all personnel.

(b) Maximum ventilation of the area shall be obtained without contaminating other compartments.

(c) The use of lights other than of explosive proof design shall be prohibited.

(3) Repair parties shall don the Navy oxygen-rescue-breathing apparatus.

(4) The service gas mask shall not be relied upon since it gives only very limited protection for not longer than 5 minutes. All canisters exposed to methyl chloride must be replaced.

D. Effects on the body.--(1) Methyl chloride is highly toxic. The liquid burns the eyes and skin. The vapor when inhaled irritates the nose, throat, and lungs, and when absorbed is poisonous.

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E. Signs and symptoms after exposure.--(1) Prolonged exposure to heavy concentrations is lethal. The acute lethal dosage for experimental animals is an atmosphere containing 3,000 ppm. of the vapor for an exposure period of a few hours.

(2) Severe exposure is followed by pulmonary edema and difficulty in breathing. Neurological symptoms usually develop after a brief delay as the toxic agent is absorbed. These vary from minor localized twitches to generalized convulsions and finally unconsciousness.

(3) Slight exposures may cause no symptoms or only mild nervous manifestations and mild gastrointestinal disturbances.

F. Self aid.--(1) On exposure to methyl chloride, get into fresh air as quickly as possible or don the Navy oxygen-rescue-breathing apparatus.

(2) If contaminated with liquid, wash the part thoroughly with water.

(3) Rest and keep warm until all danger of after effects has passed.

(4) If breathing becomes difficult, medical aid is required.

G. First aid and treatment.--(1) Give artificial respiration if breathing ceases.

(2) Give inhalations of oxygen or the oxygen carbon-dioxide mixture if possible.

(3) Treat the pulmonary edema that may arise as in poisoning with a chlorinated solvent.

(4) Burns of the skin from the liquid should be treated as any other burn.

(5) Burns of the eye should be treated with great care and if possible by an ophthalmologist. Eye pain may be relieved by butyn ophthalmic ointment or drops of solution anesthetic. Infection may be prevented by sulfonamide ophthalmic ointment or a few drops of 3-percent to 10-percent solution of sodium sulfamid instilled every 4 hours after the first 24 hours. The eyes must not be bandaged. Irrigations with 1-percent saline must be held to a minimum necessary to dislodge secretions.

H. Prognosis.--(1) The prognosis should be guarded. The mortality from severe exposure is high. Casualties resulting from mild exposure usually recover.

4. METHYL BROMIDE.

A. Occurrence.--(1) Methyl bromide may be used as a fumigant for delousing clothing and bedding. It is dangerous as a liquid and as a vapor. Toxic vapor concentrations are quickly reached in poorly ventilated compartments.

B. Recognition.--(1) Methyl bromide is a colorless, odorless liquid at low temperatures. At 40.3° F. or above it volatilizes quickly, forming a colorless gas approximately three times heavier than air.

C. Protection.--(1) Methyl bromide shall be handled only by trained personnel under competent supervision. It shall be stored in a cool, well-ventilated place, outside inhabited buildings.

(2) Fumigation with methyl bromide gas shall be carried out within gastight equipment placed in the open air or a well-ventilated space on the leeward side of assembled personnel.

(3) Since the gas is odorless, a halide leak detector must be used to detect harmful concentration of the gas.

(4) When the fumigation vault is used for the treatment of clothing and bedding, instructions accompanying the vault shall be strictly observed.

(5) Personnel shall not enter fumigated compartments except after thorough ventilation has been in progress for at least one-half hour and then only with due precaution.

(6) All fumigated clothing and bedding shall be well ventilated before handling and using.

(7) The Navy oxygen-rescue-breathing apparatus (both types) alone gives adequate protection.

(8) The service gas mask gives protection for only a limited time and shall not be relied upon for more than 5 minutes. All canisters exposed to methyl bromide must be replaced.

D. Effects on the body.--(1) Methyl bromide is highly toxic. The liquid burns the eyes and skin. The vapor irritates the breathing passages and lungs and injures the brain if absorbed by the body.

E. Signs and symptoms after exposure.--(1) Liquid methyl bromide burns the eyes and skin. The burns resemble those from mustard gas.

(2) The vapor in high concentrations irritates the breathing passages producing cough and difficulty in breathing. Collapse, unconsciousness, and convulsions follow and usually terminate fatally.

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(3) The vapor in low concentrations may produce no immediate symptoms. Nausea, vomiting, and headache appear after a latent period of minutes to hours. Breathing becomes difficult, pulmonary edema (fluid accumulation) develops in the lungs, and cyanosis may be prominent at this stage. Visual disability and drowsiness are common. Convulsions, unconsciousness, and finally death may occur.

F. Self aid.--(1) If contaminated with the liquid, immediately wash the part thoroughly with water.

(2) On exposure to methyl bromide get into fresh air as quickly as possible or don the Navy oxygen-rescue-breathing apparatus.

(3) Rest and keep comfortably warm until all danger of after effects has passed.

G. First aid and treatment.--(1) Artificial respiration shall be given if breathing stops.

(2) Give inhalations of oxygen or the oxygen-carbon dioxide mixture if possible.

(3) Treat the pulmonary edema in the same manner as recommended for poisoning with chlorinated solvents.

(4) Treat the burns of the eye and skin in the same manner as recommended for methyl chloride.

H. Prognosis.--(1) Methyl bromide is eliminated very slowly from the body and spinal-fluid levels remain high for prolonged periods. Casualties resulting from mild exposure usually recover. The mortality from severe exposure is high.-- L SHELDON, Jr.

BuMed Circular Letter No. 44-148

29 July 1944

To: NDs and RivComs, NavTraCen (Great Lakes), NavHosps and NavSpHosps

Subj: Quarters, Heat, Light, Household Equipment, Subsistence and Laundry Furnished Civil Employees of the Medical Departments

Ref: (a) BuMed Cir Ltr No. 44-99.

(b) Division of Shore Establishments and Civilian Personnel ltr SECP-410:sll, 17 July 1944 to BuMed.

1. The following is quoted from reference (b) for information and guidance.

In view of the mandatory provisions contained in the regulations approved by the President, reference (a), the Navy Department is without authority to waive the requirement that civilian employees occupying nonhousekeeping quarters be obliged to take and pay for full subsistence (three meals per day) for 7 days per week, even though certain of the employees occupying non-housekeeping quarters are absent therefrom on their weekly lay-off days, and on those days do not consume the meals for which they are charged.

2. The last sentence of paragraph 2(e) (5) on page 3 of reference (a) is no longer applicable and should be deleted.--L SHELDON, Jr.

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BuMed Circular Letter No. 44-166

25 August 1944

44-166

To: NavHosps (All types Continental)
Subj: Preparation of Pension Claims (V.A. Form 526)
Ref: (a) Section 105, Public Law 346--78th Congress.

1. The following is quoted from a letter received from the Administrator of Veterans' Affairs for your information and guidance:

By reference to Veterans' Administration Form 526, application for pension or compensation for disability resulting from service in the active military or naval forces of the United States, it will be observed that items 7(b) and (c) read as follows:

(b) Names and addresses of all civilian physicians who have treated you for any sickness, disease, or injury prior to, during, or since your service:

(c) Names and addresses of all persons other than physicians who know any facts about any sickness, disease, or injury which you had prior to, during, or since your service.

The information sought to be elicited by items 7(b) and (c) is deemed essential in the development of a claim for disability pension. If such information is not furnished in claims filed at Navy discharge centers at the time of discharge, and the information is deemed essential in the adjudication of the claim, a request therefor will have to be made and adjudication delayed until the information is submitted.

Section 105 covers statements relative to the "origin, incurrence, aggravation of any injury". It was not, in view of this office, intended to, and does not, relate to inquiries such as items 7(b) and (c), which are intended to provide a basis for assisting the veteran in the prosecution of his claim.

The history of section 105, shows that it was proposed because of reports showing that the service departments were requiring persons, who were about to be discharged for conditions which in the opinion of the departments antedated entrance into service, to execute statements showing how and when the condition for which the discharge was contemplated, had been incurred and does not apply to information elicited in Form 526 which may be necessary in the development of the claim for disability pension.

To prevent any confusion or misunderstanding as to the applicability of section 105, Public Law No. 346, 78th Congress, to the information elicited by items 7(b) and (c), Form 526, it is suggested the Navy Department instruct commanding officers and Navy personnel engaged in advising and assisting enlisted men in the preparation of claims for disability pension that items 7(b) and (c) should be answered by the applicant, otherwise, if the information elicited is not furnished, but considered material to the adjudication of the claim, it will be necessary to request it and the adjudication of the claim will be delayed until the information is submitted.

2. It is requested that this information be brought to the attention of the Red Cross representatives and other personnel at the hospitals who assist disabled veterans with their pension claims.-- ROSS T McINTIRE

BuMed Circular Letter No. 44-167

25 August 1944

To: NavHosps (All types Continental)

Subj: Telegrams Sent to Naval Hospitals Announcing the Arrival of Navy and Marine Corps Patients at Veterans' Administration Facilities.

Ref: (a) BuMed - BuPers joint Cir Ltr No. 43-117.
(b) BuMed - MarCorps joint Cir Ltr No. 43-136.
(c) CNO end-2 op-20-B-5-mdl over Serial 2767320, 1 Aug 1944.

1. Paragraph 7 of reference (a) and (b) directs that orders issued to the medical officer or senior hospital corpsman accompanying a Navy or Marine Corps patient to a Veterans' Administration facility shall include instructions for him to notify the naval hospital concerned by dispatch, or by such other means as may be deemed expedient, of the patient's arrival and delivery to the Veterans' Administration facility.

2. According to information received from the Administrator of Veterans' affairs, there appears to be considerable lack of uniformity in the instructions issued to the attendants with reference to these arrival notices. In some instances, the attendants have requested Veterans' Administration facilities to send telegrams without making any provision for the expense involved, and telegrams sent collect by the Veterans' Administration facilities have been refused by the naval hospitals.

3. In order to establish a uniform procedure, attendants accompanying Navy or Marine Corps patients to Veterans' Administration facilities shall hereafter be instructed to request the manager of the Veterans' Administration facility concerned to send the arrival notice "collect", and naval hospitals and naval special hospitals under authority of reference (c), are hereby authorized and directed to accept Government telegrams sent collect announcing the arrival of Navy and Marine Corps patients at Veterans' Administration facilities. The cost of such telegrams will be paid from the appropriation, Miscellaneous Expenses, subhead 7, and in accordance with the usual procedure for the disbursement of such funds in the naval districts within which the hospitals may be located.-- ROSS T McINTIRE

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BuMed Circular Letter No. 44-174

2 September 1944

To: NavHosps (All types Continental)

Subj: Section 104 of the Servicement's Readjustment Act of 1944

Ref: (a) BuMed Cir Ltr No. 46-76.
(b) BuMed - BuPers joint Cir Ltr No. 43-117.
(c) BuMed - MarCorps joint Cir Ltr No. 43-136.

1. Section 104 of Public Law 346, 78th Congress, approved 22 June 1944, provides that:

No person shall be discharged or released from active duty in the armed forces until his certificate of discharge or release from active duty and final pay, or a substantial portion thereof, are ready for delivery to him or to his next of kin or legal representative; and no person shall be discharged or released from active service on account of disability until and unless he has executed a claim for compensation, pension, or hospitalization, to be filed with the Veterans' Administration or has signed a statement that he has had explained to him the right to file such claim: Provided, That this section shall not preclude immediate transfer to a Veterans' facility for necessary hospital care, nor preclude the discharge of any person who refuses to sign such claim or statement: And provided further, That refusal or failure to file a claim shall be without prejudice to any right the veteran may subsequently assert.

2. In accordance with the provisions of this section of the law, no person shall be discharged from the naval service by reason of physical disability until after he has had explained to him his right to file a claim for compensation, pension, or hospitalization.

3. If a person who is discharged from the naval service by reason of physical disability desires to submit a claim for compensation or a pension, the claim and his medical records shall continue to be handled in accordance with the instructions in reference (a). If such a person is in need of further hospital care he shall be transferred to a Veterans' Administration facility in accordance with the instructions and subject to the provisions of references (b) and (c).

4. In those cases where the individual does not desire to submit a claim for compensation or pension he should be requested to sign a statement as follows:

I have been told that I am to be discharged from the naval service by reason of physical disability and have been advised of my right to file a claim with the Veterans' Administration for compensation, pension, or hospitalization. I have decided not to submit a claim for any of those benefits at this time. I understand that my failure to file a claim at this time does not prejudice any right to submit a claim in the future.

5. This statement does not constitute a waiver of any rights and should not be referred to as a waiver. The signed statement should be attached to and forwarded to the Bureau of Medicine and Surgery with the terminated health record for filing. If at a later date the veteran decides to submit a claim for benefits the statement will be forwarded to the Veterans' Administration with a copy of his medical record.

6. If a veteran who has been discharged from the service by reason of physical disability does not desire to submit a claim for compensation, pension or hospitalization and refuses to sign the statement referred to in paragraph 4, the unsigned statement shall be forwarded to the Bureau with a notation to that effect.
-- ROSS T McINTIRE

BuMed Circular Letter No. 44-198

11 October 1944

To: AlStasCon

Subj: Policy Relative to Photofluorographic Units: Procurement, Assignment, Personnel, and Operation of.

1. Administrative control of the above subject units shall be vested in the Bureau of Medicine and Surgery. This authority shall extend to the assignment and transfer of stationary and mobile photofluorographic units, the selection of types of apparatus and equipment to be used, the approval or disapproval of requests for procurement of all accessory equipment for both stationary and mobile units, the training of officer personnel of the units, the supervision of the technical and professional quality of the examinations, the establishment of itineraries between naval districts, and the control of other movements of the mobile units.

2. The Bureau of Medicine and Surgery will approve specifications, and award contracts for the procurement of stationary and mobile photofluorographic units, and of accessory equipment.

3. The Bureau of Medicine and Surgery will make recommendations to the Bureau of Naval Personnel for the assignment of suitable officer and enlisted personnel to the units, and for the issuance of travel orders to the operational personnel of the mobile units.

4. Mobile units will be ordered to report to district commandants for duty. Immediately upon reporting at a naval district, the medical officer-in-charge of a unit shall consult with the district medical officer and determine the itinerary, copies of which shall be forwarded to the Bureau of Medicine and Surgery and to all interested activities within the district. When inclusion of nearby stations in adjoining districts would result in saving of time and expense, such stations should be included in the itinerary subject to the approval of the commandants concerned.

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5. The medical department activity to which a unit is permanently assigned will be responsible for the cost of gasoline, oil, repairs, and upkeep. While in a travel status the medical officer-in-charge of the unit should be furnished with necessary credit cards, forms and certificates for the procurement of necessary gasoline, oil, tire repairs, etc., for use in obtaining such items if they are not available at the stations visited.-- ROSS T McINTIRE

BuMed Circular Letter No. 44-203

14 Oct 1944

To: AlNavStas, Rec Ships and MarCorps Activities.

Subj: Accounting for and Recording of Materials or Services Received From, or Through, Procurement Division, Treasury Department, Ultimately Chargeable to BuMed Appropriations by Treasury Transfer and Counter Warrant.

1. Prior to 1 Jan 1944 a copy of an applicable memorandum public voucher (standard Form 1034 (a) or 1080 (a)) covering such materials or services was prepared in the Bureau of Supplies and Accounts and forwarded to each pertinent accounting activity. Medical Department activities obtained from the supply or accounting department a copy of this memorandum public voucher or sufficient information relative thereto, took up the value in the Medical Department accounting records, and reflected the transaction on NavMed-B. Beginning with 1 Jan 1944, the procedures were modified by the Bureau of Supplies and Accounts to the effect that memorandum public vouchers will not be prepared by the Bureau of Supplies and Accounts, and, therefore, no copy will be furnished any Medical Department activity.

2. The following procedures shall be placed in effect upon receipt of this letter:

(a) Upon receipt of materials or services either one or the other of the following documents should accompany delivery:

(1) Treasury Department Procurement Division warehouse invoice--Form No. 727-A. This document is used when material is issued from stock in Treasury Department Procurement Division warehouses.

(2) Treasury Department Procurement Division invoice for supplies--Form Nos. 49A and 49F. This document is used when material is furnished by a commercial concern and not directly from Treasury Department Procurement Division warehouse stock.

(3) Treasury Department Procurement Division invoice No. 32. For fuel oil (only).

(4) Treasury Department Procurement Division invoice No. 202-C. Invoice for garage supplies and services.

(5) Treasury Department Procurement Division invoice No. 24-C. Typewriter repairs. These documents shall be considered as liquidating public vouchers, and shall be recorded as expenditures by Medical Department activities as under:

At naval hospitals, the expenditure to be recorded in the allotment control register and other applicable records.

At shore activities, the expenditure to be recorded in the allotment control register, other applicable records, and as a receipt in the journal of receipts and expenditures.

(b) These transactions shall be reflected in all records and in table 2, NavMed-B, or on a subsidiary schedule supporting the total amount reported in table 2, in the following manner:

(1) Treasury Department Procurement Division invoice number.

(2) The M&S requisition number under which the material or services were ordered.

(3) The amount of each invoice.

(c) To hospitals and Medical Department activities preparing S&A Form 280, the Bureau of Supplies and Accounts will abstract a photostatic copy of the Treasury Department Procurement Division invoice to be reflected as a title 12 "O" voucher. No Medical Department activity is required to furnish this Bureau with copies of Treasury Department Procurement Division invoices described in paragraph 2(a) above unless a copy of a particular invoice is specifically requested.

3. Activities beyond the continental limits of the United States not granted Medical Department allotments, and operating under the provisions of AlNav 77, 11 Apr 1944, shall record the value of such invoices in the journal of receipts and expenditures and in the applicable property ledgers.

4. Activities within the continental limits of the United States, such as recruiting stations, etc., not submitting NavMed-B shall record the value of such invoices in the journal of receipts and expenditures, in the applicable ledgers, and reflect such on NavMed-E.

5. The procedures outlined herein will be subject to further revision when the Treasury Department Procurement Division, under the authority of Public Law 375, approved 28 June 1944, modifies its present system of obtaining reimbursement for materials and services furnished.--ROSS T McINTIRE

JOINT LETTER: BuMed -- MarCorps

17 October 1944

BuMed Circular Letter No. 44-204

To: NavHosps and MarCorps Activities

Subj: Enlisted Men Classified as Physically Qualified for Limited Duty Only; Policy Regarding Separation from the Service in the Cases of.

Ref: (a) BuMed - MarCorps joint Circular Letter No. 44-46.

1. Many requests for discharge have been received at Headquarters, United States Marine Corps, from enlisted men who have become disabled for general service and placed on a limited duty status in accordance with the provisions of reference (a).

2. A request for special order discharge from any enlisted man in the above category will not be considered by Headquarters, United States Marine Corps, as it might jeopardize any benefits to which he might be entitled as the result of his physical disability. Therefore, any enlisted man serving in a limited duty status where there is no indication that he will be found physically qualified for full duty within a period of 6 months or more, who desires discharge, may submit a request to his commanding officer. The commanding officer will have him admitted to the sick list and then brought before a board of medical survey for report and recommendation, as provided for in paragraph 8 of reference (a). It is not necessary that such cases be admitted to naval hospitals incident to submission of the report of medical survey unless there exists a need for hospitalization.

3. At the present time this policy does not include men on limited duty as the result of filariasis or malaria inasmuch as they may become physically qualified for unlimited duty within 6 months.-- ROSS T McINTIRE -- A A VANDERGRIFT

BuMed Circular Letter No. 44-206

20 October 1944

To: NavHosps (All Types Continental)

Subj: Clinical Records for the Veterans' Administration

Ref: (a) BuMed Cir Ltr No. 42-91.
(b) BuMed Cir Ltr No. 42-109.

1. The Bureau receives occasional requests from the Veterans' Administration for clinical records on file at the naval hospitals. These records are required by the Veterans' Administration in connection with the adjudication of pension claims of veterans whose health records have been lost or who claim that they were treated at naval hospitals for disabilities not noted in their health records.

2. To simplify clerical procedures and to expedite action on the pension claims in these cases, the activities addressed are hereby authorized to loan clinical records of discharged veterans to the Veterans' Administration, Washington, D. C., or to any of the Veterans' Administration area or regional offices upon request without reference to this Bureau. The records will be returned to the hospitals for file after the Veterans' Administration has finished with them.

3. Attention is invited to references (a) and (b) which authorized the naval hospitals to loan X-ray films and social history reports to the Veterans' Administration for temporary use.-- ROSS T McINTIRE

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BuMed Circular Letter No. 44-209 (RESTRICTED)

24 October 1944

To: AlNavStas

Subj: Members of the Women's Reserve; Misconduct Status in Cases of Disabilities

Ref: (a) JAG's opinion JAG:II:JAL:amp 19 Jul 1944.
(b) JAG's opinion JAG:II:JAL:ac 8 Aug 1944.
(c) Women's Reserve Cir Ltr No. 3-44.
(d) Article 1196, United States Navy Regulations.

1. The Secretary of the Navy has approved the following opinion expressed by the Judge Advocate General 19 July 1944 relative to the conduct status of disabilities resulting from pregnancy or sequelae thereof necessitating the admission of a member of the Women's Reserve to the sick list:

There appears to be no statutory requirement that pregnancy or complications resulting therefrom be considered misconduct. The chief of naval personnel has already ruled that pregnancy, regardless of the marital status of the member of the Women's Reserve involved, is cause for separation from the naval service under honorable conditions.

It is, therefore, the opinion of this office that it is not required by law that the conduct status of a disability due to pregnancy or sequelae thereof, necessitating the admission of a member of the Women's Reserve to the sick list, be established. It is recommended that the Navy Department adopt a policy in line with the policy of the War Department with reference to such case and that in such cases discharges of the character to which the member concerned would otherwise be entitled be issued, and that pregnancies of members of the Women's Reserve of the Navy and Marine Corps, and the direct complications and sequelae thereof, be considered not in the line of duty, and that no entry be made in the health record or any other official government record with reference to the conduct status.

2. On 8 Aug 1944, the Judge Advocate General expressed an opinion approved by the Secretary of the Navy on the same date relative to the conduct status of nontherapeutic abortions necessitating the admission of members of the Women's Reserve to the sick list. The following paragraphs are quoted from this opinion.

In reference (a) this office expressed the opinion that the law does not require that the conduct status of a disability due to pregnancy or sequelae thereof, necessitating the admission of a member of the Women's Reserve to the sick list, be established and that no entry need be made in the medical record relating to the conduct status of such conditions. This opinion was inspired by a belief that social expediency was best served by granting discharges to individuals who became pregnant outside of marital relationship. Therefore, if such a person has a miscarriage or suffers other illness consequent upon the original pregnancy, she should not be penalized as regards her conduct status. However, this should not hold true in cases of nontherapeutic abortions regardless of the marital status. Involuntary miscarriage is one of the natural sequelae of pregnancy, medical authority stating that it occurs in approximately 10 percent of pregnancies. On the other hand, to induce a nontherapeutic abortion voluntarily or to submit to its procurement by another is a statutory crime in practically every jurisdiction in the United States. Such abortions, outside of the criminal aspects, are generally regarded as contrary to good morals whether the individuals be married or single, and the statutes defining the offense make no distinction.

The War Department, so this office is informed, has consistently held, in several recent cases, that nontherapeutic abortion is to be considered as not in line of duty, but due to the individual's own misconduct.

In view of the foregoing considerations, it is the opinion of this office that disabilities of members of the Women's Reserve arising out of nontherapeutic abortions should be held to be the result of their own misconduct.

3. Whenever it becomes necessary to admit a member of the Women's Reserve to the sick list because of pregnancy, involuntary miscarriage, or any other complication of pregnancy, the disability shall be considered as not in the line of duty, but no entry will be made with reference to the conduct status regardless of the woman's marital status. The Navy Department's policy with reference to the resignation and discharge of members of the Women's Reserve as a result of pregnancy was outlined in reference (c).

4. Admissions to the sick list because of voluntarily inducing, attempting to induce, or the procurement of a nontherapeutic abortion shall be considered not in the line of duty and due to the patient's own misconduct. The provisions of reference (d) will apply in such cases.-- ROSS T MCINTIRE

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BuMed Circular Letter No. 44-217

30 October 1944

To: All Ships and Stations

Subj: Gonorrhea and Chancroid, Sulfonamide Prophylaxis

1. The sulfonamides have proved a valuable adjunct to the routine prophylactic procedures used in the prevention of certain venereal diseases. BuMed therefore authorizes with the following provisions the use of sulfathiazole and sulfadiazine as oral prophylaxis against gonorrhea and chancroid:

(a) Such use shall be restricted to those ships and stations where the venereal disease rates exceed 49.0 per thousand per year.

(b) Only sulfathiazole or sulfadiazine shall be used.

(c) The dose of the drug shall be two grams by mouth as soon after exposure as possible. No variation in this dosage is authorized.

(d) This method of prophylaxis is limited to postexposure use only.

(e) The administration of the sulfonamides shall be by Medical Department personnel.

(f) Due regard shall be given to the possibility of sulfonamide sensitivity, idiosyncrasy, and resistance. Frequency of administration of this type of prophylaxis to any given individual shall be controlled by the medical officer.

2. Adoption of this sulfonamide program shall be at the discretion of the medical officer and shall be considered only supplementary to the routine prophylactic procedures. Attention is invited to the fact that sulfonamides give no protection against syphilis. This sulfonamide program shall not be instituted among those personnel who are receiving sulfonamides for the control of upper respiratory diseases.

3. Reports shall be submitted in letter form to BuMed covering every thousand sulfonamide prophylactic administrations and shall contain the number of cases of gonorrhea and chancroid contracted after such prophylaxis.

4. This letter cancels and supersedes all previous letters relative to sulfonamide prophylaxis against gonorrhea and chancroid.-- ROSS T MCINTIRE

BuMed Circular Letter No. 44-227

10 November 1944

To: NDs and NavHosps (All types Continental)

Subj: American Red Cross 16-mm Ward Motion Picture Program

1. The American Red Cross has offered and the Bureau of Naval Personnel and this bureau has accepted a proposed program of 16-mm ward motion picture service for naval hospitals and large naval dispensaries.

2. The program for this motion picture is set forth in the proposal of the American Red Cross as follows:

(a) Scope of service.--The program will be installed in hospitals or station dispensaries where the Red Cross maintains a resident staff and only upon request and with approval of the commanding officer of the hospital or station. Viewing of films will be restricted to patients and such other naval personnel as is required for their care during attendance at the shows.

(b) Procurement and booking of films.--Cost of film service to be borne by the American Red Cross. Bookings to be made by National Headquarters of American Red Cross and supplied through 16-mm distributors' exchanges nearest the hospital.

(c) Operating personnel.--Operation to be under supervision of the American Red Cross field director with the necessary projectionists to be enlisted men detailed for this purpose in addition to their regular duties; and to be given extra compensation at the rate of 50 cents per show, payable from American Red Cross funds at the disposal of the Red Cross representative in charge of Red Cross activities at the hospital concerned.

(d) Procurement and maintenance of equipment.--American Red Cross will provide its own 16-mm sound portable motion picture projection equipment to those hospitals or dispensaries which do not have available such equipment furnished by the Navy and will provide necessary supplies and replacement parts to maintain the Red Cross equipment.

(e) Servicing of equipment.--Equipment provided by the Red Cross will be serviced by Red Cross motion picture engineers.

3. Accordingly, medical officers in command of naval hospitals and naval special hospitals are authorized to make request, directly to the national director, military and naval welfare service, national headquarters, American Red Cross, Washington, D.C., for this service. Commandants of naval districts are requested to authorize similar requests to American Red Cross national headquarters from commanding officers of naval activities which include large naval dispensaries where this ward motion picture service would be appropriate.-- ROSS T MCINTIRE

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BuMed Circular Letter No. 44-237

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18 November 1944

To: NavHosps and NavSpHosps

Subj: Records of Leasehold Property; Additions and Alterations Thereto.

Ref: (a) BuMed Cir Ltr No. 41-44.
(b) Article 681-1, BuSandA Memo.

1. In order that the Government's interest may be protected in connection with property held under leasehold arrangements, it is essential that a complete inventory of all property acquired under the lease be maintained, separate from all other records. Items installed by the Navy at the time of acquisition or subsequently procured and installed by the Navy shall not be included in this leasehold inventory record, even though such property may, by the agreement, revert to the lessor, either in its present condition or in a restored condition.
2. A separate record in the following form shall be maintained of all expenditures for construction, installation, major alterations, repairs, replacements and other improvements to the leased property which were accomplished by the Navy. The items to be included on this special record are those which would, at naval hospitals, normally be charged to general ledger account 2 or general ledger account 13 and expense analysis account E-308

RECORD OF INSTALLATIONS, CONSTRUCTION, MAJOR ALTERATIONS, AND OTHER IMPROVEMENT

Column 1.--Date.

Column 2.--Authority: (BuMed work request number if performed as a charge to the appropriation, Medical Department, Navy; NOY contract number if charged to BuDocks appropriations; other authorization, state and indicate bureau).

Column 3.--Detailed description of work accomplished.

Column 4.--If charged to appropriation, Medical Department, Navy, indicate object and subhead, quarter, fiscal year, in which the value was reflected on NavMed-B. If charged to appropriations other than Medical Department, Navy, indicate transfer voucher received number and quarter, and fiscal year in which taken up.

Column 5.--Amounts taken up; show separately and distinctly amounts charged to the appropriation Medical Department, Navy, (column 5 (a)) and amounts charged to other appropriations, (column (b)).

Column 6.--Deductions: Indicate approved survey number or transfer voucher issued number and quarter in which reflected.

Column 7.--Amount of surveys or transfer vouchers issued.

Column 8.--Net balance after each entry.

3. A land and buildings ledger shall be maintained, in accordance with instructions contained in reference (a), by those activities located on leased property for only those items of buildings, structures, and fixed equipment actually owned by the Navy and which will remain Navy property upon termination of the lease. Lands, buildings and other items shall not be recorded in the land and buildings ledger.

4. A separate "plant record on leased land" is required to be maintained in accordance with procedure prescribed in reference (b).--L SHELDON, Jr.

BuMed Circular Letter No. 44-263

21 December 1944

To: All Ships and Stations

Subj: X-Ray and Electrocardiographic Films, Conservation and Transfer of with Patients.

Ref: (a) AlNav 82-43.

1. Reference (a) emphasized the urgent need for the conservation of X-ray films. The situation in this respect continues critical and the prospects for major improvement are not encouraging.
2. To the end that films be conserved to the greatest possible degree and to insure continuity in the care of patients transferred between medical activities, addresses are directed to institute immediate administrative measures (a) to prevent duplication of expenditure of X-ray and electrocardiographic films, and (b) to transfer with the patient, clinically relevant X-ray films and electrocardiograms whenever possible.
3. When X-ray films are transferred with the patient, notation shall be made on the NavMed-H-8 (Medical History Sheet) of the Health Record or other medical record, and an appropriate entry filed in the X-ray file, indicating that film has been forwarded to another activity.--ROSS T MCINTIRE

RESTRICTED

JOINT LETTER: BuMed -- BuShips

26 December 1944

BuMed Circular Letter No. 44-267 (RESTRICTED)

To: All Ships and Stations

Subj: Type "AM" NAN Receivers, Personal Safety in Use, Handling and Storage of.

1. Of the NAN receivers being issued to vessels of the Pacific Fleet through the Fleet Maintenance Office of the Commander Service Force, United States Pacific Fleet, a large proportion will be small, hand-held units known as type "AM" receivers, which contain small quantities of active radium.

2. In view of this the following precautions have been recommended by the Naval Research Laboratory and the National Bureau of Standards to aid personnel in avoiding overexposure to the gamma radiation emanating from the radium.

(a) The "AM" receiver should not be held in the hand more than 2 hours total time in 24 hours.

(b) The "AM" receiver should not be carried on the person, kept in a pocket, or hung on a strap close to the body for more than 2 hours total time in 24 hours.

(c) When not actually in use, the instrument should be set aside at least 2 feet from personnel.

(d) Personnel sorting and checking the receivers, with an average of two instruments within 2 feet at all times should not engage in this work for more than 5 hours total time out of 24 hours.

(e) Large quantities of receivers must not be stored closer than 25 feet from personnel.

3. The danger of exceeding the safe exposure tolerance decreases inversely with the square of the distance between the personnel and the receivers and increases directly with the time of exposure and the number of receivers.

4. Large numbers of "AM" receivers should be stored in buildings where there is no processing, handling, or storage of photographic film. If it is necessary to transport quantities of these receivers on ship-board or by plane, they should be carried as far removed from any photographic film as possible.

5. If the above precautions are observed, the receivers containing radium may be used and handled with complete safety to personnel.

6. If there is a questionable overexposure to personnel, a white blood count should be done. Any pertinent abnormality of the blood which is persistent or increasing must be assumed to be due to overexposure.

-- W.J.C. AGNEW -- H. G. RICKOVER

RESTRICTED

44-272

JOINT LETTER: BuPers -- BuMed -- BuS&A -- MarCorps

29 December 1944

BuMed Circular Letter No. 44-272

To: NDs and RivComs, NavHosps, and MarCorps Activities.

Subj: Government Insurance

Ref: (a) BuPers and BuS&A Joint Cir Ltr Pers-511-kjs, L13-2; S&A L13(25)(OGB), 27 June 1944.
(b) BuPers - BuMed Joint Cir Ltr No. 44-53.

1. In order to simplify the method of processing claims on National Service Life Insurance and United States Government Life Insurance, to eliminate as much paper work as possible, and to answer the numerous inquiries concerning the disability provisions of this insurance, the instructions in this letter supplement those contained in the above noted ref.
2. Reference (a) (paragraph 24) outlines the provisions relative to waiver of premiums for total disability on National Service Life Insurance.
3. Reference (a) (paragraph 27, sub. (c) (6) and (c) (7)) outlines the provisions relative to waiver of premiums and disability benefits on United States Government Life Insurance.
4. Disabled Naval and Marine Corps Personnel carrying National Service Life Insurance or United States Government Life Insurance who are admitted to a Naval Hospital for treatment, except in those cases where the disability is of an acute or temporary nature, shall be individually contacted and informed concerning waiver of payment of premiums on National Service Life Insurance and disability benefits under United States Government Life Insurance. Assistance shall be rendered in filing claims for these benefits whenever the insured is eligible in accordance with reference (a) (paragraph 24 and paragraph 27, sub (c) (6) and (c) (7)). A file card shall be prepared for each such patient upon his admission to the hospital. This card should show the patient's name, rank or rate, and service or file number, date of admission to the hospital, and date of commencement of total disability. This card shall be filed according to the commencement date of the disability and referred to when the insured becomes eligible to file an insurance claim. Date of commencement of total disability should not be confused, in the hospital where the file card is prepared, with date of admission to the hospital, as the two dates may be different. Any person hospitalized, or on the sick list, is considered totally disabled for the purpose of filing application for an insurance claim.
5. As soon as the insured becomes eligible to file an insurance claim, Veterans' Administration Insurance Form 357 (statement of claim for waiver of premiums or continuation of waiver of premiums under the National Service Life Insurance Act of 1940, as amended), or Veterans' Administration Insurance Forms 579 (statement of claim for Insurance--total permanent disability) or 579a (statement of claim for Insurance--total permanent disability) or 579c (statement of claim for benefits under section 311 of the World War Veterans' Act, 1924, as amended--special additional disability provision), (enclosures to reference (b)), as appropriate, and enclosure A shall be completed and forwarded to the insurance claims council, Veterans' Administration, Washington 25, D.C., for determination. Any of the above mentioned forms shall be firmly stapled to Veterans' Administration Insurance Form 797 when forwarded to the Veterans' Administration. If, upon discharge, the insured executes a claim for pension and an insurance claim, both forms shall be forwarded to the area office of the Veterans' Administration having jurisdiction of the pension claim, or accompany the patient if he is transferred to a Veterans' Administration facility for further treatment.
6. Facts regarding treatment, contained on Veterans' Administration Insurance Form 357, constitute notice of claim. The proof of the claim is determined from the facts submitted on Veterans' Administration Insurance Form 797 showing all dates and places of hospitalization from the inception of the disabling condition for which claim is made. If hospitalization has been unbroken since the inception of the disability for which claim is made, it is not necessary to give all dates and name all places of hospitalization. In such cases, it is sufficient to designate the date and place of the first hospitalization as indicated in item 3 on Form 797. This form must always be dated as of the date of preparation, and in expressing the "Prognosis" under item 6 on Form 797, the outlook with respect to the anticipated number of weeks or months of further treatment shall be given. The use of words such as "good", "fair", "poor", or "undetermined" shall be avoided in stating prognosis. Veterans' Administration Insurance Form 797 shall be furnished in lieu of a certified transcript of the medical history as required in reference (b).
7. An insured who is disabled by reason of a mental disability who, in the opinion of the commanding officer, understands the nature of an application for disability benefits or claim for waiver of premiums on Government life insurance and becomes eligible to file a claim, shall be assisted in the preparation and presentation of the application. If, in the opinion of the commanding officer, the insured does not understand the nature of such an application, or is physically unable to sign an application, it shall be prepared on his behalf with an accompanying statement by the commanding officer, over his signature, that because of the insured's mental or physical condition, application is being made for him.
8. In the case of a mentally incompetent insured who is not eligible to file an insurance claim because of insufficient duration of disability and is being released from active service, the next of kin shall be furnished proper application forms with an explanation of the insured's rights and benefits concerning these provisions under National Service Life Insurance or United States Government Life Insurance.
9. The date the insurance claim is forwarded to the Veterans' Administration shall be entered on page 9 of the service record of enlisted personnel.

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10. Upon receipt of notification from the Veterans' Administration that the insurance claim has been approved, the claimant shall be advised to discontinue the insurance allotment effective last payment as of the current month except in cases where insured has returned to duty prior to date of notification, or will do so very shortly, or where waiver has terminated prior to receipt of notification of period of same or will terminate in immediate future. Refund of premiums paid subsequent to the effective date of the claim is made by the Veterans' Administration direct to the insured. Insured shall furnish the Veterans' Administration with address to which refund checks may be delivered.

11. It is essential that as soon as disability has ceased, the Veterans' Administration be informed of the change in status. The insured shall also be advised to register a new allotment to pay subsequent premiums. Whenever claim for waiver is filed on behalf of an insured, he shall be informed that if the claim is allowed he is under obligation to notify the Veterans' Administration at such time as he returns to duty. It is also the responsibility of the discharging hospital to notify the Veterans' Administration of the date of termination of treatment and return to duty, in those cases in which an insurance claim has been filed. If the disability ceases immediately prior to discharge, the insured shall be informed that payment of the premiums must be assumed by him upon release from active service in accordance with reference (a) (par. 18) and paragraph 12 below. Every person insured with National Service Life Insurance whose total disability has existed for a period of less than 6 consecutive months immediately preceding date of discharge or release from active duty shall be informed of possible future rights to waiver of premiums.

12. Premiums for National Service Life Insurance and United States Government Life Insurance shall be paid directly to the Veterans' Administration after discharge from service. Premium remittance shall be in the form of a check or money order made payable to the Treasurer of the United States. Cash or currency should not be mailed since such payments are sent at the remitter's own risk. The following is a sample copy of the letter which should accompany the first premium remittance mailed direct to the Veterans' Administration, Washington 25, D.C., within 31 days from the period for which premiums were last paid:

COLLECTIONS SUBDIVISION,
Veterans' Administration
Washington 25, D.C.

----- (date) -----

Enclosed is remittance in the amount of \$----- in payment of the premium due on National Service Life Insurance---(Policy or certificate number or numbers, if known)---on the life of---(Print the insured's

first name, middle name, and last name in full)

(Rank or rating)

(Service or file number)

----- (Date of discharge) -----

Please send future communications and premium notices to the insured at the following address:

----- (Number and Street) ----- (City, town, zone or post office) ----- (State) -----

13. Disabled Naval and Marine Corps personnel being released from active service shall be advised that Government insurance premiums may be deducted from the monthly award of disability compensation or pension. It is important to pay premiums by direct remittance until the insured is notified that an award for disability pension has been granted. Upon receipt of such award notice the insured may complete Veterans' Administration Insurance Form 887 (Authorization to Deduct Insurance Premiums from Compensation Payments, Retirement Pay, or Pension) and forward same to the Veterans' Administration, Washington, D.C.

14. In addition to the information set forth above, all hospitalized naval personnel shall be counselled and advised of their rights and privileges concerning conversion, change of beneficiary and all other benefits relating to government insurance.

15. Naval personnel being released from active service who are paying premiums for private insurance by allotment shall be reminded that, upon release from active service, payment of premiums by direct remittance to the company must be resumed in order to keep the insurance in force.-- ROSS T MCINTIRE -- A A VAN-DEGRIFT, RANDALL JACOBS, W. J. CARTER

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44-274

JOINT LETTER: -- BuMed -- BuDocks

30 December 1944

BuMed Circular Letter No. 44-274

To: NavHosps and Special Hosps

Subj: Naval Hospitals, Temporary Ward Buildings--Installation of Automatic Sprinklers and Fire Walls.

Ref: (a) SecNav ltr PM275 ECB:dc, 29 Aug 1944.
(b) CNO ltr Op30, Sl-1h, Serial 284630 to Comdts, NavDists, RivComs and SupCivEngs, 7 Jan 1944.
(c) BuDocks Al-1 CirLtr 77-43, 18 Mar 1943.

Encl: A. Y&D Sketch No. 1, 30 Dec 1944.
B. Y&D Sketch No. 2, 30 Dec 1944.
C. Y&D Sketch No. 3, 30 Dec 1944.
D. Natl. Board of Fire Underwriters Pamphlet #13, July 1940 with Amendment of Aug 1942.

(ENCLOSURES AVAILABLE ON REQUEST)

1. In accordance with the directive of reference (a), BuMed in conjunction with BuDocks has developed a general policy for subject installation, delineated as follows:

(a) Automatic sprinkler protection will be provided for all buildings of temporary construction used for housing patient personnel, and the closed connecting passageways thereof. Buildings of other occupancies, joined by connecting passageways, will not be sprinklered, but will be blocked off by fire stop bulkheads in the passageways as indicated on encl A, B and C.

(b) Detached buildings, not employed for housing patients, will not be sprinklered, except where such structures offer considerable exposure risk to patient personnel structures. This group includes staff quarters, maintenance shops, laundries, bag storage buildings, storehouses, heating plants, garages, gatehouses, sewage treatment structures and the like.

(c) Sprinkler installations shall conform with the standards of the National Board of Fire Underwriters for Light Hazard Occupancy, except for certain modifications with respect to pipe sizes, and sprinkler head spacing as indicated on Encl A, B, and C. All portions of a sprinklered building shall not be so protected such as blind attics, excavated basements and small enclosures under stairways.

(d) The provision of sprinkler protection shall in no way alter present fire protection requirements, is not in lieu of, but in addition thereto. The protection now required, such as fire stops, stand-pipes and hose, fire extinguishers, and fire-fighting organizations and equipment, shall continue to be provided.

2. The drawings forwarded herewith as encl A, B, and C refer to temporary ward buildings and connecting corridors only. Where sprinklers are considered necessary in other buildings as enumerated in paragraph 1(b) above, they shall be laid out in accordance with the recommendations of the National Board of Fire Underwriters as stated in enclosure D. Enclosure A, B, C, and D together with the following comments are furnished for information and guidance in preparing plans and specifications:

(a) Dry pipe valves and systems should be omitted in climates not subject to freezing weather.

(b) Typical plans for the corridors indicate the maximum spacing of the heads and special spacing at the fire stops. In connecting corridors with pitched roofs having sheathed ceilings, sprinklers should be installed below the ceiling and in the concealed space. Precautions should be taken as necessary to eliminate the possibility of freezing in concealed spaces.

(c) The design of the system indicated on enclosures A, B, and C assumes the opening of not more than 20 heads in the early stages of any fire. A flow of 300 gallons per minute is contemplated at residual pressure of 15 pounds per square inch at the top line of the sprinklers. The sprinkler lines should be installed essentially as shown on enclosures A, B, and C.

(d) It will be noted on enclosures A, B, and C, that two lines of sprinklers will suffice on the first floor in an open ward and three lines in the attic where pitched roofs occur. Where wards are arranged on both sides of a center corridor, three lines will be necessary, one for each row of rooms and one for the corridor.

(e) If a dry pipe system is to be provided for the attic, it should be supplied from a dry pipe valve near the alarm valve. One dry pipe valve should be provided for each four wards or less and be connected to an outside water motor gong.

(f) One alarm valve should be installed for four wards or less with an outside water motor gong near the valve. The same water motor gong may serve for both the wet system and the dry system.

(g) Outside screw and yoke sectional control valves should be provided in the four-inch supply main in the corridor essentially as shown on enclosures A, B, and C.

(h) All automatic devices shall be of a type and make labelled or listed by the Underwriters Laboratories, Inc., and shall have had at least 1 year's successful service record.

3. Where sprinkler protection now exists in subject buildings, the details of the installation should be checked for compliance with the requirements of paragraph 2 above. If such existing installations are below the requirements established in paragraph 2 above, necessary modification shall be included in the project.

4. Addressees are directed to submit to BuMed a public works project for subject installation conforming with the policy set forth in paragraph 1 above. The preparation of plans, specifications and detailed estimates shall be requested of the district commandant. By copy of this letter, district commandants are requested to have such data prepared by district Public Works forces or to submit recommendations to BuDocks relative to authorization for Architectural and Engineering Service contracts if it is impracticable

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to perform this work by district public works forces. In this connection, attention is invited to the existence of trained and experienced fire protection engineers in the offices of the superintending civil engineers of the various public works areas who are available for consultation in accordance with reference (b). In forwarding the project to the Bureau for sponsorship, attention is invited particularly to the requirements of reference (c) for the preparation of the new project check-off list. -- ROSS T McINTIRE -- L B COMBS

BuMed Circular Letter No. 45-4

5 January 1945

To: NYDs

Subj: Reporting of Silicosis Cases to United States Employees' Compensation Commission.

Ref: (a) U.S. Employees' Compensation Commission Regulations as amended to 30 June 1939. Sec. 2.10.

1. There are indications that in some navy yards official reports have not been made to the United States Employees' Compensation Commission on employees whose chest X-rays show various stages of silicosis and who are or have been exposed to silica dust while employed in the yard. Presumably these cases, many of which have had attention called to them through the practice of making periodic examinations, have not been reported because there has not been any physical disability or loss of time.
2. It is requested that an official report on E.C.C. Form CA-2 and a medical report on E.C.C. Form CA-20 be prepared and forwarded at once on all unreported and new cases whose occupational history or exposure and chest X-ray establish or suggest a diagnosis of any stage of silicosis.
3. After review of these cases the Commission may request further information including a 14- by 17-inch X-ray film of the employee's chest.
4. It is requested that special efforts be made in the preparation of these reports to allay unnecessary anxiety among these employees.-- ROSS T McINTIRE

JOINT LETTER: BuMed -- BuPers

9 January 1945

BuMed Circular Letter No. 45-6

To: All Ships and Stations

Subj: Information and Instructions Relative to Transfer of Enlisted Personnel to Naval Hospitals or Hospital Ships for Treatment, or to Receiving Ships or Receiving Stations Upon Completion of Hospitalization, Concerning Disciplinary Action Taken or Pending.

1. A great number of reports of medical survey received in the Bureau of Naval Personnel contain incomplete entries relative to the disciplinary status of the personnel concerned and do not give sufficient information to show definitely if disciplinary action has been initiated, completed, or partially completed for the offenses noted. Such incomplete information causes much unnecessary correspondence by the Bureau of Medicine and Surgery and the Bureau of Naval Personnel.
2. To eliminate this condition it is directed that hereafter when enlisted personnel are transferred to a naval hospital or hospital ship, complete information regarding their disciplinary status shall be furnished the hospital or hospital ship. This shall be in the form of a special report signed by the commanding officer. It shall be forwarded in duplicate together with the Hospital Ticket (NavMed-G or NavMed-416) and securely attached thereto. It should include information as to any action pending, the date and nature of the offense, whether trial has been held, and if so, the sentence imposed, any mitigating action, and the date of approval together with the portion of sentence served, if any. If no disciplinary action is pending, a signed statement to that effect shall be made.
3. When enlisted personnel are received in a naval hospital or on board a hospital ship their papers will be checked immediately to assure that there is attached thereto a statement showing the disciplinary status of such personnel. One copy of this statement should be made available to the attending medical officer for attachment to the clinical record of the individual concerned and thus made readily available in the event the individual is brought before a board of medical survey. In the event such a statement is not received with the patient it shall be requested immediately from the activity effecting the transfer.
4. When a report of medical survey is submitted to the Bureau of Medicine and Surgery, great care shall be exercised to assure that full information regarding the person's disciplinary status is shown therein.
5. If an enlisted person who is awaiting disciplinary action is transferred, on completion of hospitalization, to the nearest receiving ship or receiving station or other naval activity to await instructions as to further disposition, such enlisted person shall have such disciplinary action held in abeyance pending action by the Bureau of Naval Personnel and the Bureau of Medicine and Surgery on the recommendation of the Board of Medical Survey.-- L E DENFELD -- ROSS T. McINTIRE

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BuMed Circular Letter No. 45-16

20 January 1945

To: NavHosps
All Activities Training Hospital Corps Enlisted Personnel

Subj: Hospital Corps Enlisted Personnel in Medical Department Specialties, Training of.

Ref: (a) Par. 517 and 518, Man.Med.Dept.

1. In order to provide hospital corpsmen trained in medical department specialties, it is necessary, from time to time, to order men to the activity under your command for special instruction.
2. Hospital corpsmen so ordered are in addition to the authorized complement. List these men on the reverse of NavMed-HC-4 under the heading "Under Instruction", giving their names, rate, date of commencement of instruction and date of completion of instruction.
3. On and after 12 February 1945, should any man designated for instruction fail to show aptitude for the specialty, he shall be reported immediately to the commandant or administrative command concerned for re-assignment.
4. When hospital corpsmen are placed under instruction, NavMed-HC-3 cards shall be forwarded immediately to BuMed, and a copy to the commandant or administrative command concerned, showing the date placed under instruction together with other data indicated on the card.
5. Two weeks prior to graduation and qualification as technician, official notification listing the names and rating, arranged by technical specialty, shall be forwarded to this Bureau in order that certificates of qualifications and orders for their assignment to duty may be issued.-- ROSS T McINTIRE

JOINT LETTER: -- BuMed - MarCorps

2 March 1945

BuMed Circular Letter No. 45-59

To: Camp LeJeune, N. C.
Marine Training and Replacement Command, San Diego Area.

Subj: Screening of Enlisted Personnel in Training Commands, Camp LeJeune and Camp Pendleton, and Disposition of Those Found Not Physically Qualified for Duty Overseas.

Encl: A. (HW) MarCorps ltr. AO-801-kb, 22 Feb 1945.

1. Enclosure A established a policy by which enlisted personnel will be assigned to training commands for further training and screening prior to debarkation for overseas areas.
2. Personnel who are found to be not physically qualified for overseas duty and who are not in need of hospital treatment shall be brought before boards of medical survey established at the dispensaries within the training commands. The boards of medical survey shall be composed of medical officers attached to the commands and, insofar as possible, of medical officers who have had experience in the field with Marines.
3. The boards of medical survey shall make appropriate recommendations with a view to separating from the service those individuals considered not physically qualified for overseas duty. In evaluating the physical fitness of personnel for overseas duty, it is not necessary that standards of physical fitness for combat duty be used. There are many assignments in overseas including active combat commands which can be filled by personnel not possessing the stamina, emotional stability, or personality adjustment required in front line combat troops.
4. There will be a group of noneffectives who have previously rendered satisfactory service but who are not only no longer capable of performing the duties of their rank, but also are not suited for any further assignment. Such individuals, who have sustained a reduction in their efficiency to the point of noneffectiveness by prolonged stress of duty and situational factors which are incidents of the service, should, if they present no incapacitating physical or mental illness, be recommended for separation from the service under the term "No disease" (unsuited for further useful service in United States Marine Corps). It is the policy of headquarters, Marine Corps, to discharge such cases for the convenience of the Government.
5. This procedure shall also be used to effect disposition of those noneffectives whose ineffectiveness is attributed to personal situational factors not incident to service, and of those whose capacity to meet service demands results from poor motivation, poor early training in the acceptance of responsibilities, undesirable personality traits and habits of character, or low morale and antisocial behavior. These individuals should be reported upon by a board of medical survey under an appropriate diagnostic term indicative of disability or a statement made to the effect that they have no disease and are considered unfit by reason of unsuitability or inaptitude, or because of undesirable traits. It is the policy of headquarters, Marine Corps, to discharge such men as "Unsuitable" or "Inapt," under honorable conditions, or as "Undesirable".--ROSS T McINTIRE -- A A VANDERGRIFF

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BuMed Circular Letter No. 45-68

1 March 1945

To: NavHosps (All Types Continental)

Subj: Transfer of Naval and Marine Corps Patients in Veterans' Administration Facilities.

Ref: (a) BuMed - BuPers Joint Cir Ltr No. 43-117.
(b) BuMed - MarCorps Joint Cir Ltr 43-136.

1. References (a) and (b) direct that Navy and Marine Corps patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization shall be transferred to a Veterans' Administration facility prior to discharge provided:

(a) They are eligible for case and treatment by the Veterans' Administration.

(b) They desire to be so transferred.

(c) The transfer will not endanger the patient's life or recovery.

(d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Bureau of Naval Personnel or the Commandant of the Marine Corps.

2. Patients who do not require further hospital care should not be transferred to Veterans' Administration facilities, nor should a patient be so transferred unless he is willing to go even though he may be in need of further hospital care. As pointed out by the manager of the facility at Los Angeles, the Veterans' Administration has no authority to hold such patients against their will.

3. Patients who are in need of further hospital care should, however, be informed that they cannot be retained in the naval hospitals following their discharge from the service and that they must make other arrangements for their continued care if they do not desire to be transferred to a Veterans' Administration facility. A limited number of such persons may, of course, be retained following their discharge from the service in those hospitals where by prior arrangement between the Secretary of the Navy and the Administrator of Veterans' Affairs a certain number of beds have been set aside for disabled veterans. Each case so retained, however, requires a specific individual authorization from the Veterans' Administration regional office.

4. If it should become necessary to discharge a patient from the service who is in need of further hospital care and who is not eligible for admission to a Veterans' Administration hospital, e.g., one who is given a bad conduct or dishonorable discharge, his case should, unless other arrangements can be made for his continued care such as transfer to a private or a state hospital, be referred to the Bureau for instructions. It may be necessary for humanitarian reasons to retain such cases in naval hospitals as supernumerary patients following their discharge from the service.

5. Patients who are transferred to Veterans' Administration facilities should not be informed that they will be given passes or granted leave to go home following their arrival there. It is not the policy of the Veterans' Administration to issue passes to patients immediately following their arrival at Veterans' Administration facilities. -- ROSS T MCINTIRE

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To: All Ships and Stations

Subj: Red Cross Personnel Assigned to Navy, Marine Corps, and Coast Guard Activities--Official Status of.

1. In accordance with the act of 29 June 1943 and articles 1470-1478, Navy Regulations, Red Cross personnel are assigned by Red Cross National Headquarters to duty at various activities of the Navy, Marine Corps, and Coast Guard. Similar assignments are made to the Army.

2. The Red Cross uniformed professional staff consists of (1) field directors, assistant field directors, and assistants to the field director; (2) social workers; (3) recreation workers; (4) hospital workers or staff aides; and (5) secretaries, when on duty outside continental United States.

3. In order to establish a uniform personnel policy for all activities of the Navy, Marine Corps, and Coast Guard and in order that such policy may be in consonance with existing directives of the War Department, the following instructions will govern the personal relations of Red Cross professional uniformed staff with the Navy, Marine Corps, and Coast Guard:

(a) In general, if conditions and facilities permit, commanding officers are authorized to extend to the personnel listed in paragraph 2 above the following privileges and courtesies on the same basis as these are extended to commissioned personnel, subject to certain necessary modifications, as hereinafter set forth:

- (1) Ship's store and Ship's Service facilities.
- (2) Commissary stores.
- (3) Subsistence--messing facilities.
- (4) Quarters.
- (5) Medical care.
- (6) Purchase from supply officers (in certain areas where other sales agencies have not been established and sales to personnel attached to a naval activity have been specifically authorized).

(b) Ship's store and ship's service facilities.--Such privileges may be extended to Red Cross personnel attached to or taking passage on a naval or a Coast Guard vessel or assigned to a Navy, Marine Corps, or Coast Guard activity. The families and dependents of such Red Cross personnel may be extended similar privileges as are extended to dependents of service personnel attached to the station.

(c) Commissary store.--Pursuant to the authority previously granted by the Secretary of the Navy, commissary store privileges have been extended to uniformed Red Cross personnel performing duties at naval activities both inside and outside of the continental limits of the United States.

(d) Subsistence--messing facilities.--Red Cross uniformed personnel may be accorded the privilege of the officers' mess of the ship or station to which attached or when in transit in a Navy or Coast Guard vessel, by payment of the same charges as are made to or for commissioned officers using the mess. This also applies to hospital ships and to naval base and fleet hospitals. In naval hospitals and naval special hospitals the charge for subsistence will be as specified in the Manual of the Medical Department. On stations their dependents will be accorded such officers' mess privileges as are available to officers attached to the station.

(e) Quarters.--Aboard ships, Red Cross uniformed personnel will be assigned quarters as in the case of commissioned officers. Within the continental United States, living quarters in bachelor officers' quarters, as practicable, or other public quarters may be provided attached Red Cross uniformed personnel when available and when adequate quarters are not available outside the reservation. By "adequate" quarters is meant suitable and available quarters within a reasonable distance from the station with satisfactory transportation facilities. Such quarters, when assigned, will be assigned without charge where no charge is made to commissioned naval personnel occupying similar quarters. Where a charge is made to naval personnel for quarters, it is expected that Red Cross uniformed personnel will meet such charges.

(f) Medical care.--Red Cross uniformed personnel serving at Navy, Marine Corps, or Coast Guard activities within the continental United States shall be afforded necessary first-aid measures and emergency hospitalization. For medical care and treatment other than admission as in-patients (hospitalization) to naval hospitals or naval dispensaries, no charge shall be made. For hospitalization Red Cross personnel shall make payment at the interdepartmental reciprocal hospitalization rate fixed annually by the Federal Board of Hospitalization, and collection of this hospitalization charge shall be made locally in accordance with existing instructions regarding hospitalization of supernumerary patients. When serving in a locality where civilian medical service is not obtainable, as on board naval vessels and in certain instances outside the continental limits of the United States, Red Cross uniformed personnel shall be afforded without charge the same medical treatment as is afforded naval personnel, except that dental treatment shall be limited to that required for the relief of pain or other emergency measures.

4. Within the continental United States the nonuniformed clerical staffs of the Red Cross employed by the Red Cross and working in the Red Cross offices within an activity of the Navy, Marine Corps, or Coast Guard may be accorded only such of privileges and facilities above described as are available to the civilian employees of the activity and subject to such charges as civilian employees are required to pay; provided, however, that nonuniformed Red Cross personnel shall not purchase provisions or other stores from Navy commissary stores or from other Navy supply activities unless specifically authorized by the Secretary of the Navy in accordance with article 1309-3, Bureau of Supplies and Accounts Memoranda.

5. The foregoing privileges may be extended only upon proper identification of Red Cross personnel or their families and/or dependents and upon written permission of commanding officers.

6. Any existing regulations or portions thereof which may be in conflict with this letter are hereby modified and superseded accordingly.

7. The following circular letters issued by the Bureau of Medicine and Surgery are specifically modified and superseded to the extent that they may be in conflict with this letter:

(a) Assignment of Quarters to Red Cross Personnel Attached to Hospital--HJ/L16-7(042), 7 Feb 1944, addressed to all NavHosps, NavSpHosps, Naval Base Hospitals, and Fleet Hospitals.

(b) Assignment of Red Cross Personnel with Medical Department in Overseas Service--HJ/EF(032), 12 Jul 1944 (N.D. Bull. 15 Jul 1944, 44-805).

8. The Bureau of Naval Personnel regulations for Ship's Service departments ashore are specifically modified to the extent that they may be in conflict with this letter.-- H STRUVE HENSEL

BuMed Circular Letter No. 45-78

22 March 1945

To: AlNavStas and MarCorps Activities

Subj: Hospitalization and Medical Care of Dependents of Naval Personnel, Current Instructions Regarding.

Ref: (a) Public Law 51, 78th Congress, 10 May 1943.
(b) Executive Order 9411, 23 Dec 1943.
(c) BuMed Cir Ltr No. 43-34.
(d) BuSanda ltr L10-5(1)/NH (AB), 7 April 1943.

1. To effectuate the provisions of reference (a), "An act to provide for expansion of facilities for hospitalization of dependents of naval and Marine Corps personnel, and for other purposes", and pursuant to reference (b), "Prescribing rates for hospitalization and medical care of dependents of naval personnel and others," the following instructions are issued.

2. Definition of "dependent": The term "dependent" is defined as lawful wife, unmarried dependent child (or children) under 21 years of age, and the mother and father of a member of the Navy, Marine Corps, or Coast Guard if in fact such mother or father is dependent on such member. The term "child or children" shall include a natural or adopted child or stepchild. The widows of deceased Navy or Marine Corps personnel shall be entitled to medical care in like manner as dependents.

3. Eligibility: The following dependents are eligible for hospitalization:

(a) Dependents of personnel of the regular Navy, Marine Corps, and Coast Guard on the active list.

(b) Dependents of retired personnel of the regular Navy, Marine Corps, and Coast Guard on active duty.

(c) Dependents of all reserve personnel performing active duty other than training duty.

(d) Dependents of retired personnel of the regular Navy, Marine Corps, and Coast Guard, not on active duty, and of retired personnel of the Naval Reserve, Marine Corps Reserve, and Coast Guard Reserve, retired with pay, not on active duty.

(e) Dependents of enlisted personnel transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service.

(f) Widows of the following personnel: (a) Any person who, when death occurs, is a member, active or retired, of the Regular Navy, Marine Corps, or Coast Guard; (b) any member of the Reserve forces, when the death of such member occurs while he is on active duty which is permanent in character; (c) any member of the Reserve forces, when the death of such member occurs while he is on active duty during war or national emergency; (d) any member of the Reserve forces, not on active duty, when the death of such member occurs while he is in retired-with-pay status; (e) any enlisted person not on active duty who, when death occurs, is a member of the Fleet Reserve or Fleet Marine Corps Reserve transferred thereto after 16 or more years of service.

Dependents of Coast Guard personnel shall receive dependents care only during such periods as the Coast Guard operates as part of the Navy.

Hospitalization is not authorized for dependents of members of the Naval Reserve or Marine Corps Reserve (other than transferred members of the Fleet Reserve or Fleet Marine Corps Reserve) who are called to active duty for short periods of training duty.

Dependents of naval personnel (and Coast Guard while operating as a part of the Navy) undergoing confinement by sentence of general courtmartial are eligible for medical care and hospitalization, except dependents of prisoners whose sentences of dismissal from the service have been accomplished or whose terms of enlistment expire during their confinement.

4. Dependents identification card:

(a) In making application for medical care at a naval medical activity the applicant must furnish adequate proof of relationship and dependency which will be attested by an officer. Proof of relationship and dependency which will be attested by an officer. Proof of relationship and dependency are best established if the dependent is currently receiving family allowances from the Government for such dependency, or, in the case of an officer, an allotment of a substantial amount. In the absence of an allowance or allotment, other convincing proof of relationship and dependency is required.

(b) When satisfactory proof of dependency is furnished the applicant will be given a Dependent's Identification Card (NAVMED-562), that will be honored for 1 year from date of issuance at naval medical activities, having facilities for medical care of dependents during such time as the person in the service is on active duty except in the case of widows and retired personnel. The card must be renewed after 1 year from date of issuance if dependency continues.

(c) The standard form (NAVMED-562) Dependent's Identification Card will be issued on request by naval medical supply depots to those naval medical activities providing medical care for dependents of naval personnel.

5. Outpatient care.--Out-patient medical service is provided by the Navy for dependents of Naval and Marine Corps personnel, as specified in paragraphs 2 and 3 hereof, only by naval medical officers at naval dispensaries, naval hospitals or other Medical Department activities of the Navy where out-patient facilities exist. This comprises treatment given at the naval dispensary, or, in emergency and at certain stations only, at the home of the patient, as distinguished from in-patient or hospital care and is not restricted to naval hospitals or dispensaries authorized for actual hospitalization of dependent patients.

6. Designation of hospitals and dispensaries for hospitalization of dependents.--With the approval of the Secretary of the Navy, the Surgeon General will designate the naval hospitals and dispensaries with hospital facilities to which dependents may be admitted, or withdraw such designation. In designating dispensaries for in-patient or hospital care it is necessary that:

- (a) The activity be in a locality where civilian hospital facilities are inadequate.
- (b) That adequate facilities are available in the dispensary.
- (c) That such in-patient care can be accomplished with presently attached Medical Department personnel.

7. The commanding officer of the hospital concerned or the medical officer of the dispensary, shall determine the need for hospitalization and the availability of suitable accommodations.

8. Type of cases to be admitted.--Dependents shall be admitted only for acute medical and surgical conditions, exclusive of nervous, mental or contagious diseases or those requiring prolonged care on account of chronic diseases. Dental treatment shall be administered only as an adjunct to in-patient hospital care and shall not include dental prosthesis or orthodontia.

9. Services and supplies.--Dependents shall be entitled to receive all intramural medical and hospital services, including blood transfusions. The service of civilian specialists or the furnishing of prosthetic, orthopedic or other appliances is not authorized at Government expense. The policy to be observed in the expenditure of medical material as an incident to the hospitalization of dependents is as follows:

(a) Within the discretion of the commanding officer, specifically authorized items not on the Supply Catalog or Supplemental Supply Catalog may be purchased and dispensed.

(b) Issues shall be made only on the prescription of a naval medical officer, or naval dental officer for use or administration under his supervision.

(c) No medical stores shall be issued on the prescription of civilian practitioners or for self-administration.

(d) In out-patient practice, only items on the Supply Catalog or Supplemental Supply Catalog or carried in stock shall be issued or dispensed.

(e) The Navy Department does not furnish transportation to and from points of hospitalization.

10. Maternity and infant care.--Legislation, known as the emergency maternity and infant care program, has been enacted providing funds for medical, nursing, and hospital maternity and infant care for the wives and infants (to 1 year of age) of enlisted men in the armed forces of the United States in the fourth, fifth, sixth, and seventh pay grades. The wife may have free choice, under the program, of all types of available facilities and services, including private practitioners, clinics, hospitals, and other health facilities that meet the standards established under a State plan for each type of service or facility. Authorization for the service must be obtained from the local public health agency.

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11. Charges under EMIC program.--Naval hospitals and naval dispensaries authorized to provide in-patient care for dependents may accept patients for hospital maternity and infant care under this program by authorizations from State Health Departments (or other designated State health agencies). The authorization will state the maximum period of hospital care authorized without necessity of renewal, the initial period usually being two weeks. Naval hospitals and dispensaries will bill the State health agency under this program at the rate of \$5 per diem per patient. This per diem charge will include the mother and the newborn infant until the mother is allowed to leave the hospital. If further hospitalization of the infant is required, the per diem charge will continue for the infant. Charges at the same rate are applicable for hospitalization of infants under 1 year of age, and will include the mother of such infant if she be required by the hospital to remain with the infant. For dependents admitted as naval patients--but not through the EMIC program, the same principles will apply to the \$1.75 per diem per patient charge, payable by the patient. For children 1 year of age or over, the per diem charge is to be collected separately and apart from any charge for the mother. The EMIC program is not applicable to children over 1 year of age.

12. Accounts.--Funds collected for hospitalization of naval personnel are to be taken up and accounted for as public money in accordance with the instructions in reference (d). (This letter is for application only at activities which have been authorized to hospitalize dependents.) The commanding officer, in consultation with the disbursing officer, will assign from the staff of the hospital a commissioned officer, commissioned warrant officer, or warrant officer for duty as "agent cashier" to receive the payments from/ or on behalf of dependents.

13. Hospitalization payments.--Payment for hospitalization shall be made at the end of each week or at the end of each semimonth or monthly period as the commanding officer may direct. Payment at the close of each calendar month or prior to the discharge of the patient shall be required in all cases. The commanding officer in any case and at his discretion, may require an advance deposit of a sum sufficient to cover the probable number of days of hospitalization and may thereafter require that sufficient funds be maintained on deposit to cover additional advance periods.

14. Accounting.--On the last business day of each month, and at such other times as the commanding officer shall direct, sums to cover the number of hospital days accrued from the per diem rate for dependents, currently \$1.75, shall be delivered to the disbursing officer in reimbursement of the appropriation involved as follows:

At naval hospitals:	
To the appropriation "Medical Department"-----	Per diem \$1.75
At naval dispensaries:	
To the appropriation "Medical Department"-----	.95
To the appropriation bearing cost of subsistence-----	.80

Receipts from charges under the emergency maternity and infant care program should be distributed as follows:

At naval hospitals:	
To the appropriation "Medical Department"-----	\$5.00
At naval dispensaries:	
To the appropriation "Medical Department"-----	4.20
To the appropriation bearing cost of subsistence-----	.80

15. Reports.--(a) Detailed reports of hospitalization of dependents are not required from naval hospitals inasmuch as all necessary data applicable to these patients will be reported in the Ration Record, NAVMED-HF-36.

(b) Detailed reports of hospitalization of dependents from all activities other than hospitals shall be submitted monthly. The report shall be submitted on NAVMED-HF-36, and shall indicate the total amounts which have been deposited for ultimate credit to each of the appropriations involved. The report shall also contain a statement that the sum indicated as deposited with the Disbursing Officer, has been delivered to that officer for ultimate credit to the applicable appropriations and his receipt therefor obtained prior to the close of business on the last day of the month covered by the report.

16. The Bureau of Medicine and Surgery requires more accurate information regarding medical care of dependents of naval personnel, both as to the volume of work entailed and the number of medical personnel currently assigned to this work. Ref (c) established a form, NAVMED-669, for submitting this information monthly, the first report to be submitted for month of April 1945.

17. All previous instructions issued by this Bureau concerning medical care of dependents are hereby superseded.-- ROSS T MCINTIRE

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BuMed Circular Letter No. 45-84

31 March 1945

45-84

To: All Ships and Stations

Subj: Prevention of Disease

1. All medical officers are directed to pay special attention to the prevention of disease and to the constant exercise of communicable-disease control measures, and are cautioned against lessening their responsibilities toward disease prevention by depending too much upon the use of sulfonamide drugs, penicillin, the control of bacterial content of the air by glycol vapor and ultraviolet, use of DDT, and upon other new outstanding advances in medicine.

2. The establishment of epidemiology units, malaria-control units, and other special hygienic and public health activities must, in no manner be considered as relieving medical officers of any responsibility in disease prevention.

3. Senior medical officers of all Navy and Marine Corps activities to which large numbers of personnel are attached are directed to utilize epidemiology units for the purpose for which they were created, and in addition thereto to assign the senior medical officer member of this unit or, in the absence of such a unit, an experienced medical officer to special duty in charge of prevention of disease measures on the station, responsible to the senior medical officer.

4. Attention of all medical officers is invited to the following factors which, if disregarded, might be responsible for the spread of communicable diseases:

- (a) Overcrowding.
- (b) Proper spacing of beds.
- (c) Head-to-foot sleeping.
- (d) Proper dust control in cleaning wards, barracks, and compartments.
- (e) Proper care and sterilization of bedding, including mattresses. This should include periodic airing and sunning.
- (f) Maintenance of high standards of mess sanitation with great emphasis on food handling and mess-gear sterilization.
- (g) Periodic physical examination of food handlers.
- (h) Periodic sanitary inspections.
- (i) Proper refrigeration.
- (j) Proper disposal of wastes.
- (k) Periodic bacteriological examination of water and dairy products.
- (l) Proper safeguards against transmission of insect-borne diseases.

5. The professional awareness toward being constantly alert to the part played by "carriers" in the transmission of certain diseases, and to the other factors which are known to have caused epidemics is of paramount importance.

6. In hospitals, dispensaries, and sick bays, constant vigilance must be exercised to insure that the recognized measures for the prevention of cross infections (respiratory, wound, etc.) are applied at all times.

7. A pamphlet for the use of Medical Department personnel in which the importance of all simple measures definitely contributing toward the control of communicable disease is in the process of preparation. Medical officers are directed immediately to make every effort to prevent disease and not delay action or recommendation to commanding officers until this publication is received.-- ROSS T MCINTIRE

BuMed Circular Letter No. 45-87

11 April 1945

To: HospShips

Subj: Standard Stock Items for the Medical Department of Hospital Ships

Ref: (a) ALNAV 7, 6 Jan 1942.
(b) VCNO ltr, SO 1210, 1072, 28 Nov 1942.
(c) ALNAV 32, 22 Feb 1943.
(d) ALNAV 77, 11 Apr 1944.

1. The following policies and procedures have been established with respect to the procurement of supplies for use by the Medical Department of hospital ships and are promulgated with the concurrence of the Office of Budget and Reports, Bureau of Supplies and Accounts, and Bureau of Ships:

(a) In general, all materials required for strictly Medical Department purposes should be procured from naval medical supply depots, medical storehouses and other naval medical supply activities to the extent such items are available from such sources, subject to the exception that stationery, office supplies, and alcohol shall be procured from the supply officer to the extent that such items are available in standard stock, and that bedding and linen, and other items available in standard stock, may be issued by the supply officer in emergency and to the extent authorized by the commanding officer.

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(b) Standard stock items previously expended from naval stock account as a charge to final title and appropriation in accordance with ALNAV 7 of 6 Jan 1942, should be issued by the supply officer as required by the Medical Department and without appropriation adjustment. However, the maintenance of adequate stock to meet the operating requirements of the vessel is the responsibility of the supply officer, and there appears to be no necessity for the Medical Department to carry stocks of such material in excess of immediate requirements.

(c) Technical medical material not available from medical supply depots or other medical supply sources should be procured by the supply officer through open purchase under the procedure prescribed in ALNAV 77 of 11 Apr 1944, the applicable public vouchers drawn as a direct charge to the appropriation "Medical Department, Navy", and should be stocked and accounted for by the Medical Department.

(d) In case of doubt as to the propriety of any particular request by the Medical Department for standard stock items, the supply officer should refer the matter to the commanding officer for decision. If, in the opinion of the commanding officer, the circumstances justify the request, the items should be issued without appropriation adjustment, in quantities sufficient to meet the immediate requirements of the Medical Department of the vessel.--W J C AGNEW

BuMed Circular Letter No. 45-95

19 April 1945

To: All Ships and Stations

Subj: Methyl-Alcohol Poisoning

1. Despite precautions taken to safeguard against poisoning from methyl (wood) alcohol, death, blindness, and other disabilities among naval and Marine Corps personnel have increased sharply during 1944 as a result of drinking this poison. In view of the extremely toxic character of methyl alcohol, and the tendency to confuse it with ethyl (grain) alcohol, the most vigorous efforts to prevent this type of poisoning must be undertaken.
2. Methyl alcohol, known also as methanol, or as wood alcohol (obtained by the destructive distillation of wood), is colorless and has an odor and taste similar to that of ethyl alcohol. It is commonly used as duplicator fluid, "canned heat", paint thinner, cleaner, and as an antifreeze.
3. Methyl alcohol can enter the body by any of three ways: (1) By inhalation of the vapor, (2) by absorption through the skin, and (3) by swallowing. Of these, the last far outweighs either of the others as a cause of disability or death. One to five ounces taken internally can cause death and one-half to two ounces can cause permanent total blindness. Repeated ingestion of small amounts has a cumulative effect upon the internal organs, and may ultimately lead to death or blindness. In handling methyl alcohol care must be taken to avoid breathing heavy concentrations of the vapors, and to avoid contact of methyl alcohol with the skin.
4. Deaths have occurred in the Pacific from the use as a beverage of Japanese methyl alcohol by United States naval and Marine Corps personnel. The containers of such methyl alcohol are labeled only in Japanese, or may be deliberately mislabeled in English. Under no circumstances should such material be taken internally.
5. It is recommended that the following precautions be taken by all ships and stations in handling, storing, issuing, and using methyl alcohol:
 - (a) Make clear to all naval and Marine Corps personnel the distinction between methyl alcohol and ethyl alcohol. Methyl alcohol is a dangerous poison and must be handled as such.
 - (b) Maintain a close inventory of all pure methyl alcohol and any commercial product containing methyl alcohol. Release for use only the amount required, and at the time needed, to perform a specific job.
 - (c) Whenever possible substitute other less toxic solvents for methyl alcohol or products containing methyl alcohol.
 - (d) Add to methyl alcohol, if practicable, an ingredient such as ethyl mercaptan, kerosene, or white gasoline to give a disagreeable odor and taste which will discourage persons from using it as a beverage. The addition of kerosene or white gasoline in amounts of 0.5 percent will have the desired effect, and will not alter the properties of methyl alcohol as a cleaner, paint thinner, or antifreeze.

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(e) Require a prominent label to be affixed to all permanent or temporary containers of methyl alcohol, or products containing methyl alcohol, as follows:

POISON!
Contains Methanol
Do Not Take Internally
Do Not Breathe Vapors
Avoid Skin Contact

6. All persons charged with custody, inventory, issue, and use of methyl alcohol should familiarize themselves with the contents of this letter.-- ROSS T McINTIRE

BuMed Circular Letter No. 45-100

24 April 1945

To: NavHosps (All types)

Subj: Training Aids Officer, Appointment of.

Ref: (a) United States Navy Regulations, Chapt. 8, Sec. 1, Article 443(a).

1. The professional education of officers, nurses, and enlisted men of the Medical Department is specifically excepted from the cognizance of BuPers (reference (a)) and placed under BuMed.
2. The means developed for meeting this responsibility have of necessity been varied. In addition to the Medical School, Dental School, Hospital Corps Schools, and numerous special courses, correspondence courses, training manuals, and medical periodicals BuMed has distributed, through the BuPers training aids sections and libraries, well over 100 training films and film strips which have been produced to further the training of medical department personnel.
3. It has been shown upon investigation that the utilization of medical training films in many naval activities is quite inadequate.
4. It is, therefore, requested, as a part of the effort to improve the utilization of medical training films that each medical officer in command of the addressed commands designate an officer who shall serve either part time or full time as training aids officer.
5. The duties of the training aids officer, under the supervision of the medical officer in command, shall include the following:
 - (a) Keeping a current list of all medical and dental training films and film strips that are available through the local BuPers training aids section or library.
 - (b) Procuring and maintaining necessary projection equipment.
 - (c) Organizing and scheduling showings of medical training films at such times as will enable all medical officers, dental officers, hospital corpsmen, and nurses to see the films produced.
 - (d) Working out in collaboration with the local training aids section or library a plan whereby frequently used medical training films can either be borrowed promptly or retained on extended loan (custody pending completion of use).-- ROSS T McINTIRE

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BuMed Circular Letter No. 45-127

18 May 1945

To: All Ships and Stations

Subj: Penicillin--Supply, Employment, and Reporting of.

- Ref: (a) BuMed Cir Ltr No. 43-132.
(b) Letter of Information and Instruction on the Use of Penicillin, L8-2/JJ57(042-43), 7 Jan 1944.
(c) Medical Stores: Penicillin, L8-2/JJ57(024-43), 7 Jan 1944.
(d) Penicillin Therapy of Gonococcus Infections, Modifications of, L8-2/JJ57(042-43), 23 Feb 1944.
(e) Penicillin Therapy of Gonococcus Infections, L8-2/JJ57(042-43), 19 Aug 1944.
(f) Penicillin Therapy of Early and Latent Syphilis, L8-2/JJ57(042-43), 15 Sep 1944.
(g) Penicillin Therapy, Report of Results of, L8-2/JJ57(042-43), 28 Oct 1945.
(h) Penicillin Therapy, Report of Results of, L8-2/JJ57(042-43), 17 Feb 1945.
(i) Penicillin Therapy of Early and Latent Syphilis, L8-2/JJ57(042-43), 13 Feb 1945.
(j) "A Guide to Chemotherapy," BuMed News Letter, vol. 5, No. 6, pp. 8-11, 16 Mar 1945.

1. References (a), (b), (c), (d), (e), (f), (g), (h), and (i) are herewith canceled.

All monthly summaries of the use of Penicillin, and the reporting of penicillin therapy in all diseases shall be discontinued. All supplies of NavMed-140, Penicillin Therapy Report, shall be discarded.

2. Penicillin appears in the Supply Catalog, and is now carried in stock at NMSS, Brooklyn, N.Y., and Oakland, Calif. Quantities requested should not exceed 1 month's requirements except by activities to which shipment may be irregular. Penicillin on hand at any activity, which prospectively cannot be utilized within potency dating, shall be reported as excess, by air mail or dispatch, to BuMed (Material Division, Brooklyn) not less than 2 weeks prior to expiration dating. Such material will be ordered transferred to the nearest activity prepared to use it.

3. The dried powder, when contained in ampules, is quite stable at ordinary room temperature, but high temperatures and prolonged exposure at room temperature cause significant deterioration. To assure maximum potency, the ampules should therefore be stored in refrigerators. Though the penicillin expiration date is based upon preservation at ordinary refrigeration temperatures (4° C.) freezing temperatures will prolong the duration of potency. In liquid form penicillin is unstable. Solutions should be made up preferably just before administration, or at least daily and then kept under refrigeration at about 4° C.

4. The recommended treatment plan for both early and latent syphilis is 40,000 Oxford units of penicillin administered by the intramuscular route every 3 hours day and night, making a total dosage of 2,400,000 units of penicillin given in 60 injections in 7½ days. Penicillin is now considered the treatment of choice in early and latent syphilis. Only by thorough follow-up studies can the Bureau determine the success of this treatment plan. The attending medical officer shall continue to make the necessary monthly seriological examinations for 1 year and a spinal-fluid examination between the third and sixth month, following completion of treatment; and the results of these examinations shall be entered on Form NavMed-H-7. It is therefore suggested that, where practicable, personnel who have received the penicillin course of treatment for syphilis not be assigned duty during the ensuing 12 months to activities where facilities for proper follow-up studies do not exist. It is further urged that an individual case be considered a failure only when the Kahn titer fails to drop after 4 months has elapsed since the penicillin routine; or, if it rises after having diminished, in which case it is considered a seriological relapse. Clinical relapse, of course, is an indication for retreatment. Retreatment for cases of serological fastness, serological fastness, seriological relapse, or clinical relapse, should consist of 4,800,000 Oxford units administered as 40,000 units intramuscularly every 3 hours day and night for 120 injections in 15 days.

Several treatment plans are being studied by the subcommittee on venereal disease of the National Research Council. The regime herein recommended is part of this long-term program of study, and information accumulated to date indicates that none of the other treatment plans are superior to it. Study of the efficacy of penicillin in CNS syphilis is necessary in its early stage, and no recommendations can be made at this time.

5. Penicillin is considered the drug of choice in gonococcus infections. Evidence is accumulating that the dosage should be larger than that originally recommended. Fewer failures will be encountered if 20,000 Oxford units of penicillin are given intramuscularly every 2 hours for 7 doses, totaling 140,000 units. The possibility that penicillin therapy of gonococcus infections may mask, abort, or inhibit the development of concomitant cases of early undiagnosed syphilis must be considered. When practicable, therefore, adequate recheck, including serology, of these patients is indicated for at least 3 months.

6. For all other diseases, the dosage and route of administration of penicillin is left to the discretion of individual medical officers. Reference (j) was prepared to assist medical officers when questions arise as to the indications and dosage of penicillin in various diseases and infections.

7. Occasional severe reactions still occur despite progressive improvement in purity of the products now on the market. When severe reactions are encountered, the following data should be forwarded to BuMed:

Diagnosis of case treated; reason for penicillin.
Nature of reaction.
Drugs prescribed concurrently with penicillin therapy.
Has patient received penicillin prior to present administration? If so, give details.
Method and dosage of present administration.
Salt used.
Diluent used.

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Manufacturer lot number, and expiration date of penicillin used.
Additional pertinent information.

8. Extensive studies are in progress in search of satisfactory methods to delay the absorption of penicillin. None have been perfected as yet. When safe and reliable methods have been proved, this information will be promptly disseminated. This applies also to the oral administration of penicillin, which has recently received considerable publicity. Although the method appears to have merit, it remains to be proved that an adequate blood level of penicillin can be consistently attained. When administered orally in corn oil, or in water preceded by an alkaline buffer, four to five times the intramuscular dosage is required. The expenditure of the quantity of refined penicillin does not appear justified at the present time.-- ROSS T McINTIRE

BuMed Circular Letter No. 45-131

24 May 1945

To: AllNavStas and MarCorpsStas (having Medical Department activities)

Subj: Sale of Surplus Medical Department Upholstered Furniture and Bedding Materials

Ref: (a) NMR&DA Cir Ltr 36-45, 16 Mar 1945.

1. Reference (a) calls attention to the fact that a large majority of the States have laws which prescribe certain limitations upon the sale of upholstered furniture and bedding materials (defined in par 2).

2. For the purpose of this letter, upholstered furniture and bedding materials are defined to include the following:

(a) Upholstered furniture means any article of furniture, used or intended for use for sitting, resting, or reclining purposes (1) which is wholly or partly stuffed, filled, or covered with soft material or fabric, or (2) which is made or sold with cushions or pillows, loose or attached.

(b) Bedding means (1) any mattress, comforter, quilt, pad, pillow, bolster, cushion, sleeping bag, filling material (defined below), or upholstered box or bed springs, and (2) upholstered spring bed, davenport, day bed, couch, bed, cot, cradle, bassinette, and any hammock, glider, or other substantially similar article which is wholly or partly upholstered.

(c) Filling material means any cotton, wool, kapok, feathers, downs, hair, or any other material or combination thereof, loose or in batting, pads of any other prefabrication from to be used or that can be used in articles of bedding or upholstered furniture.

3. In order that in the sale of subject named materials Bureau of Medicine and Surgery will comply with all State laws, such material shall be reported on SWPA Form 1 to Bureau of Medicine and Surgery (Material Division), irrespective of cost of reported surplus.

4. Whenever any upholstered furniture and bedding material are found in excess by an activity, the SWPA Form 1 forwarded to Bureau of Medicine and Surgery (Material Division) will contain a certificate showing exact condition (in addition to condition code), will state if materials have been used in treatment of the sick, will state if materials have been used in treatment of patients suffering from contagious or infectious disease and, where used materials are reported as excess will state that they have been properly sterilized.

5. Upholstered furniture and bedding materials, as defined herein, which cannot be economically put into a sanitary and inoffensive condition shall not be reported on SWPA Form 1, but shall be made the subject of a property survey.--ROSS T McINTIRE

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JOINT LETTER: BuMed -- BuPers

25 May 1945

BuMed Circular Letter No. 45-134

To: All Ships and Stations

Subj: Government Life Insurance, Medical Examinations

Ref: (a) World War Veterans' Act of 1924, as amended.
(b) National Service Life Insurance Act of 1940, as amended.
(c) BuPers-BuSandA joint ltr 44-765, with enc. thereto; AS&SL Jan-Jun 1944, p. 774.

1. It is the desire of the Secretary of the Navy that each man in the service be encouraged to take out the maximum amount of Government life insurance.
2. Under references (a) and (b) it is usually necessary for a naval medical officer to aid in the completion of an insurance application. All applicants who are eligible for United States Government life insurance, and applicants for national service life insurance who do not apply for such insurance within 120 days following date of entry into active service (except where certification by the commanding officer may be accepted in lieu of a medical examination, as provided in par 9(b) of enclosure to ref (c)), must be examined by a medical officer. Such examinations should not be delayed because of the unavailability of the health record.
3. The duty of the medical officer is fulfilled when his findings have been entered on the application over his signature. Determination of insurability in every instance is a function of the Veterans' Administration.
4. Under present wartime conditions the exigencies of the service are such that it may not always be expedient for a naval medical officer to conduct physical examinations for insurance purposes at the convenience of the individual concerned. It is believed, however, that some practical arrangement should be made where by such examinations can be conducted without any undue delay.
5. The purpose of this letter is to clarify the function of the naval medical officer and to emphasize his responsibility in affording full cooperation to personnel who require an examination for insurance purposes.-- ROSS T McINTIRE -- RANDAL JACOBS

BuMed Circular Letter No. 45-140

5 June 1945

To: NavHosps (All Types Continental)

Subj: Red Cross Uniformed of Professional Personnel, Quarters.

Ref: (a) SecNav ltr HJ/L16-7, 17 Mar 1945 (N.D. Bull., 31 Mar 1945, 45-276).

1. Reference (a) provides:

Within the continental United States, living quarters in bachelor officers' quarters, as practicable, or other public quarters may be provided attached Red Cross uniformed personnel when available and when adequate quarters are not available outside the reservation. By "adequate" quarters is meant suitable and available quarters within a reasonable distance from the station with satisfactory transportation facilities. Such quarters, when assigned, will be assigned without charge where no charge is made to commissioned naval personnel occupying similar quarters. Where a charge is made to naval personnel for quarters, it is expected that Red Cross uniformed personnel will meet such charges.

2. Where Red Cross personnel are required by the Federal activity to which attached to pay for quarters the Red Cross makes an allowance in addition to pay in the sum of \$25. This allowance is therefore similar to the quarters allowance in the case of commissioned personnel.
3. In view of the foregoing and "where a charge is made to naval personnel for quarters" the charge for government quarters furnished Red Cross uniformed personnel within hospital reservations shall be \$25 per month, which shall include maintenance of the quarters. Funds so received shall be turned over to the disbursing officer to be taken up by him as a miscellaneous collection, creditable to miscellaneous receipts--rent of public buildings, etc., in accordance with BuSandA Manual.-- W J C AGNEW

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BuMed Circular Letter No. 45-142

5 June 1945

45-142

To: All Ships and Stations

Subj: Medical Department Allotments, Utilization and Modification of.

Ref: (a) BuMed Cir Ltr No. 44-164.
(b) BuMed Cir Ltr No. 45-112.

1. Effective 1 July 1945 reference (a) is canceled and superseded by this directive.

2. The policy of this Bureau is to allow field activities maximum flexibility in budget operations because of the decentralized nature of Medical Department fiscal operations and the peculiar requirements of the Medical Department. However, the limited funds available to this Bureau for allocation to the field activities during the fiscal year 1946 require that certain limitations be placed upon the utilization of funds allotted under certain subobjects (subheads). These limitations will not interfere with the providing of all necessary materials and services, since funds to meet all essential and adequately justified requirements may be obtained through the prescribed procedure for requesting increases in allotments.

3. Funds allotted under the appropriation "Medical Department, Navy", may be utilized to meet current operating requirements within the limitations of the respective quarterly apportionments and without regard to the subobjects (subheads) under which granted, subject to the following exceptions:

(a) Funds allotted for (1) salaries and wages, or (2) provisions shall not be utilized for any other purpose, nor shall funds allotted for (3) any other purpose be used for either of the first two purposes without specific authorization of the Bureau. Overobligations in any of these three categories shall not be incurred in advance of Bureau approval, except as authorized in paragraph 5(f) of this letter.

(b) The funds allotted for salaries and wages may be utilized interchangeably to the extent of the total unobligated and uncommitted balance available for both purposes, and subject to the limitations of reference (b).

4. An official request for increase in allotment is required to obtain additional funds for salaries, wages, and provisions. Request for increase in allotment is required to obtain additional funds for other purposes only when the total quarterly apportionment (less funds allotted for salaries, wages, and provisions) is not sufficient to cover requirements of the respective fiscal quarter.

5. Modification of allotments.

(a) Requests for modification of allotments shall be submitted to the Bureau when circumstances require that additional funds be provided or that quarterly apportionments be modified. Such requests shall be submitted as soon as may be practicable after the need therefor becomes apparent in order that the Bureau may be fully appraised of current operating requirements and may take the necessary action to make the required funds available.

(b) Requests for modification of allotment shall, except in cases of immediate urgency, be submitted by letter in the following form, preceded by a statement of the specific circumstances necessitating the modification:

1. Allotment No.----- (State which quarter).
2. Expenditures to date----- \$-----
3. Unliquidated obligations this date-----
4. Amount required balance of period-----
5. Total amount required-----
6. Amount available-----
7. Increase (or decrease) required-----
8. Object and subhead allocation of increase (or decrease)
(list each object and subhead under which revision is
required and amount applicable to each).
9. Total by object and subhead classification (must agree with -----
line 7).

(c) A summary statement containing complete and adequate justification by items, or by classes of items and estimated cost, is required under each subobject in each request for increase in allotment.

(d) When more than one quarter of the fiscal year is involved in the requested modification a separate money-value column shall be used for each quarter and the applicable quarter shall be identified in the heading of each column.

(e) In case of urgent necessity, dispatch, mailgram, or naval speedletter request for modification of allotment may be submitted in the following form, but shall, in each case, be followed by a confirmatory letter in the form outlined in subparagraph (d) above:

Request allotment number (-----).
Be increased (state amount) (-----).
Quarter fiscal year (-----).
Increase required due to (state briefly circumstances requiring change).

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(f) In case of emergency in which the delay incident to obtaining Bureau approval in advance of incurring obligations would endanger life or Government property, the commandant or senior officer present may authorize work to be begun or purchases made in advance of Bureau approval. In every such case the procedures prescribed in subparagraphs (d) and (e) above shall be complied with at the earliest practicable moment. Reference shall be made in requests for increase in allotment to the specific authorization granted to obligate funds in advance of Bureau approval.

6. Allotment control accounts shall not be adjusted to reflect local changes in apportionment of funds as between subobjects. Changes in apportionment shall be recorded in the individual allotment accounts only upon receipt of Bureau-approved modifications in allotments. This procedure will require the minimum in clerical operations and will reflect fiscal operations in such manner they may be readily compared with the fiscal estimates for the same period to provide information with respect to need for revision of current allotments and for use in future estimating.

7. This directive is not presently applicable to ships or to stations operating under advance-base accounting and AlNav 77 of 11 Apr 1944.

8. The Manual of the Medical Department is in process of revision to conform to this letter.--ROSS T McINTIRE

BuMed Circular Letter No. 45-148

11 June 1945

To: NDS (Continental)

Subj: Large Scale Dispersal of Insecticides, Coordination of.

1. The spectacular use of DDT in the control of insects and insect-borne diseases and the use of aircraft as a means of dispersing this material have stimulated the imagination and led to the conclusion that large scale dispersion of DDT is the solution to most insect problems. It must be remembered, however, that DDT is a potent insecticide, is not selective in its lethal effect, and may, therefore, have a deleterious effect upon fish, wildlife, and many insects which are beneficial, thus interfering with efficient pollination and other agricultural biological balances. This effect upon the biological balance is being investigated by various organizations, and until these effects are evaluated, the indiscriminate use of this material for large scale or extracantonment area control of disease-bearing and pestiferous insects is not encouraged.

2. For the purpose of coordination of effort, technical advice, and evaluation of procedure and results, this Bureau maintains active liaison with the United States Department of Agriculture, the United States Public Health Service, the United States Army, and other civilian and military organizations.

3. It is requested, therefore, that addressees submit to this Bureau requests for airplane dispersal of insecticides, for coordination, technical advice, and recommendations.

4. This Bureau does not, in any way, assume responsibility for any deleterious effects which may result from large scale use of this material. This responsibility remains with the unit initiating and executing this request.-- ROSS T McINTIRE

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BuMed Circular Letter No. 45-164

30 June 1945

To: All Ships and Stations

Subj: Service, Dental

1. The Naval Dental School is one of the administrative units included in the National Naval Medical Center and is commanded by an officer of the Dental Corps who is charged with all duties relating to its administration and is responsible for its efficiency.
2. The Naval Dental School will offer to commissioned and enlisted personnel of the naval establishment and other personnel as may be authorized such courses of instruction as may from time to time be determined by the Bureau to accord with current needs of the service. The school will also furnish authorized dental treatment.
3. The courses of instruction for dental officers will extend over such periods of time as may be determined by the Bureau, and will consist of courses of indoctrination and courses of postgraduate instruction. In all subjects taught, special attention shall be given to those features pertaining to the military as well as the professional duties of naval dental officers.
4. Course of instruction for dental technicians (general).--(a) To provide for the training of additional hospital corpsmen as dental technicians (general), classes to receive approximately 4 months' instruction will be organized at the Naval Dental School. The following conditions will be brought to the attention of prospective candidates:
 - (b) Any hospital corpsman, regardless of rating, is eligible. His request for instruction should have the endorsement of a dental officer as to his aptitude or qualifications for this training, and his request should be forwarded officially to the Bureau of Medicine and Surgery for approval.
 - (c) Prospective candidates should have 30 months' obligated service or agree to extend their enlistments.
5. Course of instruction for dental technicians (prosthetic).--Dental technicians (general) who desire to qualify as dental technicians (prosthetic) should make application to the Bureau. The application should have the endorsement of a dental officer as to the dental technicians' mechanical inclination and aptitude for this extended training, and if approved by the Bureau he will be recommended for transfer to a naval dental prosthetic laboratory for instruction in this specialty, and upon successfully completing this training he will be issued a certificate, and be designated dental technician (prosthetic).
6. Hospital corpsmen who were formerly designated dental technicians and who are desirous of resuming this specialty may make application to the Bureau to be redesignated dental technicians.-- ROSS T MCINTIRE

BuMed Circular Letter No. 45-165

30 June 1945

To: All Ships and Stations

Subj: Register No. 3, (NavMed-569) Instructions Regarding

1. Register No. 3 shall be prepared quarterly and when decommissioned, and forwarded to the Bureau, accompanied by the quarterly ration return, report of allotment expenditures and other financial data, not later than the fifteenth day after the close of the quarter or date of decommissioning. Financial reports shall be forwarded by ordinary mail. This statement is prepared as of the last day of each quarter. Insert designation and location of hospital and date of each quarter. Insert designation and location of hospital and date of the last day of the quarter or period covered by the statement.
2. Instructions for preparation of obverse of form.--
 - (a) Statement of general ledger accounts.--Insert in the columns headed Beginning of quarter, opposite the respective accounts, in summary, all debits and credits recorded in the general ledger during the fiscal year, prior to the beginning of the quarter covered by the statement. For the first quarter of each fiscal year, insert only the net balance appearing in the real accounts at the close of the preceding fiscal year. Total columns at bottom of statement.

Insert in columns headed Transactions during quarter, opposite the respective accounts, in summary, all the debits and credits recorded in the general ledger during the quarter covered by the statement. Total columns at bottom of statement.

Insert in the columns headed end of quarter, opposite the respective accounts, in summary, all the debits and credits recorded in the general ledger during the current fiscal year, which sums shall equal the total of the columns beginning of quarter plus transactions during quarter. Total columns at bottom of statement. The balances opposite each account shall agree with debits and credits in each of the respective general ledger accounts.
 - (b) Under (2) Analysis of transfer vouchers issued, insert the debit and credit effect of each transfer voucher issued. Similar transactions covered by two or more transfer vouchers issued may be grouped.

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(c) Under (3) Analysis of transfer vouchers received, insert the debit and credit effect of each transfer voucher received. Similar transactions covered by two or more transfer vouchers received may be grouped.

(d) Under (8) Patient data, insert the latest authorized bed capacity for the hospital. The bed capacity for each hospital as set by the Bureau may not be changed without Bureau authority. Insert number of patients beginning of quarter, which number shall be the same as the last quarter's report under Remaining, end of quarter; add the number of patients actually admitted during the period and subtract the number of patients actually discharged; the resultant figure should be the number of patients remaining in the hospital at the end of the period.

Insert the daily average of patients for the period, which figure is obtained by dividing the number of sick days for the period by the number of days in the period.

Insert the percentage of bed capacity which figure is obtained by dividing the daily average of patients by the authorized bed capacity. The percentage figure shall be computed to two decimal places.

(e) Under (9) Subsistence data, insert total number of subsistence days, total value of provisions expended and average daily cost of ration, as calculated on NavMed-HF-36.

3. Instructions for preparation of reverse of form.--

(a) Under (4) Statement of expenses analysis register accounts, insert the total expenditures opposite each account and for each class of material or services expended during the period. Each account is analyzed and the expenditures to be recorded under each account are set forth in paragraph 3103 of the Manual of the Medical Department, 1938 edition.

Indicate total expenditures opposite each account.

Insert the per diem rate opposite each account, calculated by dividing the expenditures applicable to each account by the number of sick days in the period covered by the statement.

Insert the percentage of total expenditures applicable to each account which percentage is obtained by dividing the total expenditures opposite each account by total expenditures for all accounts.

(b) Under (5) Analysis of property surveys, insert the debit and credit effect of each survey which has been approved by the Bureau during the period.

(c) Under (6) Analysis of job order charges, insert the debit and credit effect of the charges incurred on account of job orders as stated on the S & A Form 280, for each month, covered by the period.

(d) Under (7) Analysis of adjustment vouchers, insert the debit and credit effect of each voucher prepared to adjust accounts (pars. 3107, 3108, and 3109, this manual).-- ROSS T McINTIRE

BuMed Circular Letter No. 45-170

30 June 1945

To: All Ships and Stations

Subj: Vasectomy

1. Requests have been received regarding the Bureau's attitude on the performance of the operation of double vasectomy within the naval service for the purpose of sterilization. The performance of the operation referred to double vasectomy for the sole purpose of sterilization is extremely controversial from many angles and the Bureau does not authorize this operation to be performed at a naval facility or by a medical officer of the United States Navy.-- ROSS T McINTIRE

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BuMed Circular Letter No. 45-171

30 June 1945

45-171

To: All Ships and Stations

Subj: Blood Groups, Designation of.

1. In the future, the International Classification, using letters to replace the Jansky numerical classification, will be the official method of reporting blood groups, in the Medical Department of the United States Navy.

2. Distributed among the red blood cells of three of the four recognized groups are two agglutinogens termed, respectively, A and B, A being present in group A, B in group B, both in group AB, and neither in group O. (O really means "zero".) Thus the designations adopted, by using the letters O, A, B, AB, indicate directly the agglutinin content of the red blood cells.

INTERNATIONAL CLASSIFICATION

Cells of Groups	Serum of Groups			
	O(I)*	A(II)	B(III)	AB(IV)
O(I)*-----	—	—	—	—
A(II)-----	/	—	/	—
B(III)-----	/	/	—	—
AB(IV)-----	/	/	/	—

*Numerals indicate Jansky classification.

—Indicates no agglutination.

/Indicates agglutination.

Group O.--Red blood cells contain no agglutinogens and are therefore not agglutinated by sera of any group. Members of this group are known as "universal donors."

Group A.--Red blood cells contain agglutinin A and are not agglutinated by sera of groups A or AB. In other words no agglutination with sera of groups showing the letter A. (Attention is invited to a paper, The International Classification Groups, United States Naval Medical Bulletin, 1928, XXVI:603.)

Group B.--Red blood cells contain agglutinin B and are not agglutinated by sera of groups of B or AB. In other words, no agglutination with sera of groups showing the letter B.

Group AB.--Red blood cells contain agglutinogens A and B in combination and are not agglutinated by the serum of group AB. In other words, no agglutination with the one group showing letters AB in combination.

IMPORTANT.--In order to avoid the danger existing when either donor or recipient belongs in an atypical group, in addition to grouping donor and recipient, direct matching should always be carried out prior to transfusion.

3. Rh typing.--Rh antigen is present in the red blood cells of approximately 85 percent of humanity. The 15 percent of individuals who are Rh negative may be sensitized to this antigen if repeatedly transfused with Rh positive blood. Women who are Rh negative may become sensitized to Rh antigen while bearing and Rh positive fetus (Rh positive father). Toxic reactions and/or spontaneous abortion may follow. Therefore, in patients who are being repeatedly transfused, and in women who have accidents of pregnancy, possibly attributable to Rh sensitization, it is of prime importance with Rh typing of donor and recipient be carried out and that an Rh negative individual be transfused only with blood from an Rh negative donor who is of the same International group. Special Rh typing serum is required to satisfactorily distinguish Rh positive and Rh negative individuals. Rh typing serum may be obtained by request directed to the Naval Medical School, National Naval Medical Center, Bethesda, Md.-- ROSS T MCINTIRE

BuMed Circular Letter No. 45-172

30 June 1945

To: All Ships and Stations

Subj: Service, Medical Available at National Naval Medical Center

1. Clinical Service.--The Naval Medical School and the Naval Hospital, Bethesda, Md., provide the National Naval Medical Center and the general service, on request, the following clinical diagnostic facilities--electrocardiography, basal metabolism determinations, electroencephalography, allergy, endocrinology, and other special problems for clinical investigation. The National Naval Medical Center will upon request, addressed to the commanding officer, render opinion and recommendation on clinical problems. Complete clinical data should be forwarded including name and rank or rate of patient, where attached, tentative diagnosis and other clinical information such as laboratory findings, microscopic slides, and X-rays when indicated. All items should bear clear identification marks to avoid confusion as to origin of item and localization of lesion. In joint, conditions of the limbs, X-ray of the corresponding unaffected part should be included. X-ray pictures of fractures should be taken in two directions as nearly perpendicular to each other as possible. In chest cases stereograms should be taken if available apparatus permits, and also a lateral and left oblique. Postal Regulations permit mailing noninflammable film when packed in sufficiently strong containers; each outside container shall be plainly marked "X-ray films--not dangerous."

Laboratory service.--The Naval Medical School provides routine clinical laboratory service to the National Naval Medical Center. In addition the laboratories serve for instruction of Medical Department personnel. Limited use of these facilities is also extended to the service at large. Shipments of material shall comply with safety regulations which should be obtained from the local shipping agency.

(a) Pathology.--(1) The gross specimen is particularly desired. However, if this is not practicable, blocks of tissue 2 or 3 centimeters square and 0.5 centimeters thick should be forwarded preserved in 10 times their volume of 10 percent formalin to which a small piece of calcium carbonate has been added. If the tissue is to be examined for viral, protozoan, or rickettsial diseases, it should be fixed in Zenker's fluid for 12 to 24 hours.

Preparation of Zenker's fluid:

Mercuric chloride-----	5.0 grams
Potassium dichromate-----	2.5 grams
Distilled water-----	100 cubic centimeters

Add 5.0 cubic centimeters of glacial acetic acid just before using. Remove the tissue after 12 to 24 hours. Wash in water for 12 hours. Mail in 70 percent alcohol tinger with iodine.

CAUTION.--Do not leave tissue in Zenker's fluid longer than 24 hours.

2. The following form presents the detail and form of clinical data required to accompany tissue specimens:

Request for Pathological Examination

From-----Date-----

To: Naval Medical School, Department of Pathology, Bethesda, Md.

1. It is requested that a histopathological examination be made on the following specimen of tissue forwarded in 10 percent formalin solution. Or indicate special fixative-----

Antemortem-----Postmortem-----

Clinical History

Name-----	Age-----
Race-----	Sex-----Occupation-----
Location of lesion-----	
Duration-----	
Gross appearance-----	
Blood findings:	
W.B.C.-----	R.B.C.-----Hgb percent-----
Differential-----	
Serological reaction (Kahn)-----	
Remarks-----	
X-ray treatment-----	
Clinical diagnosis-----	

Signature-----

3. Tumor registry.--The gross specimen of blocks of tissue of all tumors removed shall be forwarded to the United States Naval Medical School, Bethesda, Md., for registration, accompanied by pertinent clinical data, necropsy, and any histopathological reports. The objects of this registry are to compile a central file wherein data is available at any time for the service at large; to operate as a check on clinical dia-

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gnosis by histopathological methods, and for instruction purposes.

4. Loan slide collections.--A limited number of histopathological slide sets are available on loan to medical officers desiring to review the histopathology of the various organs.

(b) Parasitology.--(1) Blood specimens for malaria, trypanosomiasis and filariasis.--Both thick and thin blood smears should be submitted with the necessary identification data. Stained and unstained preparations should be provided. Unstained thin smears should be fixed with methyl alcohol. Thick smears should be dried then flaked with distilled water and fixed with methyl alcohol.

(2) Stool specimens for intestinal protozoa.--The stool should be fixed and preserved in Schaudinn's solution. About 2 grams are well mashed up in 5 to 10 times the amount of fixative. (Schaudinn's solution is made up as follows: Two volumes of a saturated solution of mercuric chloride in water and one volume of 95 percent ethyl alcohol. Immediately before use glacial acetic acid is added to the strength of 5 percent.) The specimen should be shipped immediately. The label on the bottle should note that the specimen is fixed and preserved in Schaudinn's solution.

(3) Stool specimens for helminth ova.--Macerate the stool specimen thoroughly in enough 10 percent formalin solution to give a liquid consistency. It should then be placed in a bottle with approximately twice its volume of 10 percent formalin, sealed and properly labeled.

(4) Worms, adult and larval forms.--Place directly in hot (80° C.) 70 percent alcohol where they may remain indefinitely. They should be properly labeled as to source of material and preservative used.

(c) Serology.--(1) Flocculation and complement fixation tests are available for the diagnosis of the various diseases for which they are valuable. The specimen should consist of at least 5 cubic centimeters (and preferably 10 cubic centimeters) of clear, sterile serum or 10 cubic centimeters of spinal fluid. The specimen should be forwarded in sealed tubes and if convenient containing 1 milligram percent of powdered merthiolate. Pertinent data must be enclosed. Delivery should be expedited.

(2) Kahn presumptive antigen, Kahn standard antigen and colloidal gold solution are prepared at the Naval Medical School and are furnished to all naval activities upon letter request addressed to the Commanding Officer, United States Naval Medical School, Bethesda, Md.

(d) Bacteriology.--(1) Pertinent epidemiological and clinical data shall accompany all specimens.

(2) Organisms for identification should be in pure culture or suitable solid media, corked, well padded and shipped in double mailing cases.

(3) Fluids for animal inoculation should be placed in test tubes, stoppered with rubber stoppers or with paraffined corks well secured and shipped in double mailing tubes well padded to prevent breakage.

(4) Sera for determination of antibody content (Widal, test, Weil-Felix reaction, etc.), should be obtained sterily and drawn from off the clot. Add merthiolate to a final concentration of 1 part in 10,000. It is advisable to submit several samples obtained at weekly intervals.

(5) Samples of water for bacteriological examination should consist of at least 100 cubic centimeters in sterile containers. Time elapsing between collection and beginning of the analysis should not be more than 6 hours for impure water. If the specimen is to be sent some distance, it should be packed in ice. Do not pack in dry ice. Chlorinated waters, especially from swimming pools, should be collected in sodium thiosulfate bottles, containing 6 milligrams of sodium thiosulfate in 100 cubic centimeters of the water sample.

(6) Smears for examination should be submitted on clean slides. The films should be flamed but not stained.

(7) Specimens for detection of viruses should be submitted after consideration of the subject in the Naval Medical School Bacteriology Manual.

(8) The following diagnostic bacterial antigens are available for naval activities upon letter request: *E. typhosa* ("O" and "H"), *S. paratyphi*, *S. schottmulleri*, *P. tularensis*, *B. abortus*, *Proteus OX19*, *Proteus OSk*, *L. icterohemorrhagiae* and *L. Canicola*.

(e) Physiological chemistry.--(1) Chemical examination of blood.--(1) Fifteen cubic centimeters of oxalated blood (1.0 milligram lithium oxalate or 2.0 milligram of potassium oxalate per cubic centimeter of whole blood) in a tightly stoppered bottle should be forwarded for the following determinations: Chlorides, nonprotein nitrogen, urea nitrogen, uric acid, creatinine, cholesterol, sulfonamides and alcohol. (2) A Folin-Wu filtrate should be prepared for a glucose determination. (3) Nonhemolysed serum or plasma is suitable for protein determinations. (4) Serum containing no cells is suitable for calcium. (5) Blood specimens for analysis of carbon dioxide, carbon monoxide or oxygen should be prepared as follows: Place three to four drops of 10 percent oxalate solution in a test tube. Rotate the tube to spread the oxalate over the lower half of the tube. Heat over a low flame to dry the oxalate on the tube wall. After cooling place a few cubic centimeters of mineral oil in the tube. Draw 10 cubic centimeters of blood, submerge the tip of the needle underneath the surface of the mineral oil and gently force the blood into the tube; the blood will go to the bottom of the tube. Adjust the amount of mineral oil so that at least one-half inch layer of melted paraffin will cover the oil in the tube. After the paraffin solidifies the specimen is properly labeled and shipped. (6) It is not advisable to send specimens, except by messenger, for inorganic phosphorus, phosphatase, Van den Bergh, icterus index, ascorbic acid, prothrom-

bin, amylase, or lipase determinations. These specimens should be in the laboratory within 2 hours. (7) No special preparation is required for spinal fluid.

(2) Aschheim-Zondek test.--At least 50 cubic centimeters of the first voided morning urine specimen should be forwarded for a qualitative test and at least 200 cubic centimeters for a quantitative test. The specific gravity must be at least 1.015. The container need not be sterile, but should be chemically clean. It is advisable to add a preservative to specimens forwarded by mail. One drop of Tricresol for every 30 cubic centimeters of urine is recommended. The patient should not have had any medication for at least 10 days prior to the test, as some medications will kill the test animals and other medications (various hormones) will give false positive results.

(3) Alcohol standards for use in Bogen's test and artificial albumin standards for the qualitative and quantitative estimation of albumin in urine with sulfosalicylic acid will be furnished upon letter request.

(f) General chemistry.--(1) Chemical analysis of water.--The accompanying letter should state the purpose for which the water is to be used and also the source (spring, well, etc.), locality and any other pertinent information. The minimum amount required is 2 gallons. Forward in all-glass containers, preferably of pyrex glass.

(2) Toxicological examination.--A complete history is important. If an autopsy was performed, the findings shall be included. For containers use wide mouth, glass jars with plastic tops. Metal of any kind must not come in contact with the specimen. The container must be chemically clean. In case of autopsy material forward at least the following: Stomach and contents, about 2 feet of intestines with contents, urine remaining in bladder, 300 grams of liver, 200 grams of kidney. If carbon monoxide, cyanide or other blood poisons are suspected, include a 50 cubic centimeter sample of citrated blood. Certain cases will require material in addition to the above. Reference should always be made to a standard work on toxicology. Weigh each organ separately (measure if liquid) and place in separate jar. Record the weight or volume. For each three parts of tissue or liquid add one part of sodium chloride (the dry salt) carefully weighed. Record on the label the name of the organ or liquid, its weight and the weight of the sodium chloride added. Seal the cap on the container in such a manner that any tampering with it will be easily apparent. Citrated blood is to be unpreserved. A sample of about 200 grams of the same lot number sodium chloride used to preserve the specimen is to be submitted. U.S.P. grade sodium chloride is preferable.

(g) Hematology.--(1) Pertinent clinical history and laboratory data should accompany the request. At least six well-prepared films of blood or bone marrow aspiration should be made on clean, grease-free slides, fixed in absolute methyl alcohol, left unstained and forwarded in a suitable container that has provision for the separation of the slides.

(h) Entomology.--(1) Mosquitoes, flies, bugs, lice, ticks, mites, spiders and related forms which affect man directly or indirectly may be sent in for identification. Full data as to date of collection, locality, elevation, habitat, and abundance should accompany the specimens. Mosquitoes should consist, if possible of at least 10 males, 10 females and 10 larvae of each species. Larvae should be dropped in hot water (not boiling) for 15 or 20 seconds, transferred to 50 percent alcohol for an hour and then shipped in 70 percent alcohol. A small air bubble should be present in the larger vial to allow for expansion. Mosquito adults, when dry, are exceedingly fragile. Pack specimens while fresh in pill boxes between layers of cellulocotton (not plain cotton). The packing should be sufficient to prevent shifting, but not so much as to cause crushing. Large flies may be submitted in the same manner as adult mosquitoes. Sand flies, fleas, black flies, spiders, scorpions, lice, bedbugs, maggots, and other soft-bodied forms may be preserved in 70 percent alcohol and shipped in vials.

(i) The laboratories are also prepared to make analyses of samples of air and milk.

(j) Testing of materials.--The laboratories are prepared to test certain materials including insulin and hypochlorite preparations.

(k) Photography.--The Naval Medical School maintains photographic laboratory facilities and is prepared to furnish the following types of work: Clinical and general photomicrography reproduction and copying including microfilm reproduction of records. It can render assistance in illustrative work.-- ROSS T MCINTIRE

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JOINT LETTER: -- BuMed -- BuSandA

BuMed Circular Letter No. 45-174

To: All Hospital Ships

Subj: Subsistence of Patients on Board Hospital Ships

Ref: (a) AlNav 77, 11 Apr 1944.
(b) Art. 1308-6(b)(2), BuSandA Manual.
(c) Art. 1320-11, BuSandA Manual.
(d) Art. 2135, BuSandA Manual.
(e) BuMed Cir Ltr No. 44-91.

1. The following policies and procedures are prescribed for the subsistence of patients on board hospital ships:

(a) All officer patients and other patients in officer status shall be subsisted from the Medical Department diet kitchen. This does not necessarily require that all food for such patients be prepared in the diet kitchen. Subject to working arrangement between the supply and medical officers, cooked rations may be drawn from the general mess as the basis for the prescribed special diet. For accounting and reporting purposes the supply officer should convert the rations so furnished to their component items of provisions and should invoice them accordingly. General mess rations so furnished may be supplemented by such items as may be prescribed by the medical officer, which items may be drawn from the supply officer if available in his stock, or otherwise may be procured as specified in subparagraph (g).

(b) Subsistence checkage of Navy and Marine Corps officer patients (including nurses), shall be effected by Hospital Ration Notice (NavSandA 534) at the rate specified in the Annual Naval Appropriation Act (80 cents per diem for fiscal year 1946). Hospital Ration Notices shall be prepared by the Medical Department, signed by the medical officer and the commanding officer, and forwarded to the disbursing officer carrying the accounts of the patient, in accordance with the instructions contained in reference (c).

(c) Charges for subsistence furnished officer patients of the U.S. Army (including nurses), U.S. Coast Guard, U.S. Coast and Geodetic Survey, U.S. Public Health Service, officers of the Armed Forces of the Allied Nations, and other patients in an officer status, shall be collected on board at the rate specified in the Annual Naval Appropriation Act (80 cents per diem for fiscal year 1946). Funds so collected shall be deposited with the disbursing officer for credit to the appropriation, "Medical Department, Navy." When it is found that an individual in this category has insufficient funds to defray the cost of subsistence, a letter report shall be submitted to the Bureau of Medicine and Surgery, giving the officer's name, rank, serial number (if known), total number of days subsisted and total amount properly chargeable to each officer. A separate report for officers of each service shall be submitted.

(d) Those enlisted patients of the United States and Allied military and naval forces, other patients in the status of enlisted personnel (including patients who are members of the crew of the hospital ship) who require a special diet, as determined by the medical officer, and staff hospital corpsmen and members of the messmen branch assigned exclusively to duty in the Medical Department diet kitchen, shall be subsisted from the Medical Department diet kitchen and shall be reported accordingly in the Medical Department Monthly Ration Record (NAVMED-HF-36), and shall be excluded from those reported as subsisted in the executive officer's Daily Ration Memorandum (NavSandA 27), and supply officer's Ration Record (NavSandA 45). The medical officer shall furnish the executive and supply officers a daily report of the number of personnel, by categories as shown on the Medical Department Ration Record (NAVMED-HF-36), being furnished full subsistence from the Medical Department diet kitchen in order that they may be excluded from the personnel reported as subsisted in the general mess in the executive officer's Daily Ration Memorandum (NavSandA 27) and supply officer's Ration Record (NavSandA 45). Reimbursement to the appropriation, "Medical Department, Navy," for subsistence furnished Naval and Marine Corps enlisted personnel from the Medical Department diet kitchen will be effected by the Bureau from the data contained in the Medical Department Monthly Ration Record (NAVMED-HF-36), prepared and submitted in accordance with reference (e).

(e) Enlisted patients and other patients in enlisted status, who do not require special diet (as determined by the medical officer) shall be subsisted in the general mess, which is operated in hospital ships in the same manner as in other vessels. The supply officer shall report the subsistence of such personnel in his Ration Record (NavSandA 45), and they shall be reported in the Medical Department Ration Record as "not subsisted."

(f) Provisions issued by the supply officer for use in the Medical Department diet kitchen shall be invoiced, receipted for and reported in accordance with reference (b). The supply officer shall invoice the provisions to the Medical Department for acknowledgment of receipt by the medical officer, and shall forward the receipted invoices with his Ration Record (NavSandA 45), in order that transfer of funds from the appropriation, "Medical Department, Navy," to the appropriation, "Pay and Subsistence of Naval Personnel," may be effected by the Bureau of Supplies and Accounts. One copy of the invoice shall be retained by the medical officer for Medical Department accounting purposes.

(g) Items of provisions required by the Medical Department for special diet purposes which are not available in the supply officer's stock, may be procured from commercial sources by the supply officer, upon the request of the medical officer, under the authority of the Medical Department Annual Sundry Purchase Requisition and reference (a). Public vouchers in payment shall be drawn directly under the appropriation, "Medical Department, Navy." A copy of each public voucher paid shall be furnished the medical officer for Medical Department accounting purposes and one copy shall be forwarded to the Bureau of Medicine and Surgery as required by references (a) and (d).

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2. The following detailed procedures have been in general use in hospital ships for some time but are outlined here for the information of recently commissioned vessels:

(a) The type of diet each patient is to receive is determined by the ward medical officer and is reported to the chief nurse in the daily ward diet sheet, as in a naval hospital.

(b) The chief nurse consolidates the ward diet reports and reports the numbers and categories of patients to be subsisted in the diet kitchen and in the general mess to the Medical Department personnel officer, and then forwards the diet sheets to the dietitian.

(c) The Medical Department personnel officer uses the data furnished by the chief nurse in preparing the Medical Department Daily Ration Record. The Medical Department personnel officer furnishes a report to the executive officer, the supply officer and the Medical Department property and accounting officer (or Medical Department commissary officer if one is so assigned) showing total patients and Medical Department personnel on board by personnel categories, indicating the number in each category to be subsisted in the Medical Department diet kitchen and the number to be subsisted in the general mess.

(d) The dietitian prepares requisitions for provisions on the supply officer and on the Medical Department property and accounting officer (or Medical Department commissary officer). These requisitions are usually forwarded to the Medical Department property and accounting (or commissary) officer for approval under authority delegated by the medical officer.

(e) After approval, the requisitions drawn on the supply officer are forwarded to him for issue and ultimate invoicing as a charge to the appropriation, "Medical Department, Navy." Those drawn on the Medical Department property and accounting (or commissary) officer are forwarded to the appropriate medical storeroom for issue. The latter issues cover special provisions purchased directly under the appropriation "Medical Department," and carried in the Medical Department storerooms and property and accounting records.

(f) Where there is both a Medical Department Property and Accounting Officer and a Medical Department Commissary Officer, a copy of each invoice from the supply officer and each issue voucher covering issues of special provisions from Medical Department stores, must be furnished the Medical Department Property and Accounting Officer monthly for inclusion in the Medical Department accounting records. --
W J C AGNEW -- W J CARTER

BuMed Circular Letter No. 45-175

3 July 1945

To: NavHosp (All Types Continental)
NMSDs (Continental)

Subj: Construction of Facilities by Civil Service Maintenance Force.

Ref: (a) BuMed Cir Ltr 45-154, 6 June 1945.
(b) Annual Work Request Authorization.

Encl: A. Under SecNav ltr, 14 June 1945.

1. Enclosure A sets forth the Department's policy concerning subject method of accomplishment, and is forwarded for information and guidance.
2. Henceforth, projects to be accomplished by subject method will be limited to those which comply with the criteria established by Enclosure A.
3. The directives issued by ref (a) of Enclosure A are embodied in ref (a) and (b).-- ROSS T MCINTIRE

ENCLOSURE A

From: The Under Secretary of the Navy.
To: All Naval, Marine Corps and Coast Guard Activities Concerned.

14 June 1945

Subj: Construction of Facilities by Civil Service Maintenance Forces.

Ref: (a) CNO ltr Serial 15602 dated 1 May 1945.

1. Numerous complaints have been referred to the Department through members of Congress and directly by A.F. of L. Building Trades Unions regarding the employment of station maintenance forces on new construction projects and major alterations and improvements. In view of the varying practices being following at stations it has been deemed advisable to set forth the policy of the Navy Department on the subject.
2. It should be emphasized that it is not intended that large station maintenance forces be built up in order to perform construction work. The primary objective of such employees is station maintenance and repair and not performance of building construction.

3. Irrespective of the source of funds, it is the general policy of the Navy Department to perform construction of facilities and major improvements or alterations to existing public works and utilities by outside contractors, but where conditions are such that the performance of the work by Civil Service employees is definitely in the best interests of the Government, the right is reserved to accomplish the work by station labor. These conditions may exist where the project is of a secret or confidential nature; where expeditious completion of the work is essential and time does not permit preparation of plans and specifications for the award of a contract; where the work must be performed intermittently to avoid interfering with other important operations; and/or where the work is of a minor nature such that accomplishment by station forces will assist in retaining a nucleus of civil service personnel necessary for operation of the station.

4. All projects, whether done by contract or station forces, shall be accomplished in accordance with directives issued by reference (a).-- RALPH A BARD

BuMed Circular Letter No. 45-177

7 July 1945

To: NavHosps

Subj: Contact Lenses for Navy and Marine Corps Personnel

Encl: A. Initial List of U. S. Naval Hospitals designated for Contact Lens Service and recommended civilian Contact Lens Service Agencies.

1. Information relative to procurement of contact lenses as corrective agents for specific visual defects is forwarded herewith.

2. It is believed that only a limited number of cases will require this type of correction, but there are conditions for which contact lenses are regarded as a justifiable prosthesis. Therefore, their use is authorized in cases of Keratoconus, Entropion, Neuro-paralytic Keratitis, Aphakia, Corneal Scars or Opacities, and Irregular Astigmatism due to traumatic injury, providing these conditions are of active service origin.

3. The procedure through which a patient ultimately receives contact lenses for permanent wear involves six (6) steps as follows:

(a) Refraction of the patient with a contact lens trial set to determine whether or not satisfactory improvement in vision is possible.

(b) Molding or casting of the eye contours and forwarding of the castings to the Laboratory for manufacture of the lenses.

(c) Production of lenses conforming to the castings, and return of lenses in "semi-finished" form to the agency making the original mold.

(d) Fitting by hand of the "semi-finished" lenses to the patient's eyes, grinding down peripheral sections, loosening tight spots, etc.

(e) A second refraction of the patient's eyes while wearing the semi-finished lenses, with notations made regarding any change in refractive values.

(f) Final grinding and finishing of the lenses by the manufacturing laboratory in accordance with notations regarding the refractive values, and return of the lenses to the ordering activity for delivery to the patient.

4. In view of the procedure outlined above, the issue of contact lenses in justifiable cases shall be governed by a policy comprising the following essential points:

(a) Particular U. S. Naval Hospitals, as shown in Encl A, with adequate personnel and facilities for refracting, are designated to render contact lens service. These hospitals, each equipped with a contact lens trial set, shall perform the refractions (step (a) and (e) above) and send the patients to a specific civilian agency in the vicinity with instructions regarding the remaining steps in the procedure.

(b) Recommended civilian establishments, located near the designated hospitals and listed in Encl A, shall be invited to enter into contractual agreement to perform the molding and fitting operations (steps (b) and (d) above) for a particular hospital, and to be responsible for the production and finishing of the lenses (steps (c) and (f) above). The contractual agreement shall be simple and flexible, with no specifications as to quantities to be ordered.

(c) Contact lenses shall be procured locally by the designated hospitals under authority of the Annual Medical Department Sundry Purchase Requisitions.

5. An initial quantity of contact lens trial sets is now under procurement by the U. S. Naval Medical Supply Depot, Brooklyn, N. Y., and one set each will be shipped to the designated hospitals after delivery by the manufacturer is completed. In order to procure the contact lens trial sets within a reasonable period, it may be necessary to accept sets containing only five (5) sizes instead of the usual ten (10). In that event, the five (5) sizes most frequently used will be supplied initially and the remaining sizes will be forwarded when available.

6. The issue of contact lenses by the designated hospitals can be undertaken as soon as contact lens trial sets have been distributed and contracts governing local procurement have been negotiated with the firms shown in Encl A. -- ROSS T McINTIRE

ENCLOSURE A

Initial List of U. S. Naval Hospitals designated for Contact Lens Service and recommended Civilian Contact Lens Service Agencies.

<u>Hospital</u>	<u>Civilian Agency</u>
USNH Chelsea, Mass. USNH Newport, R. I.	*Clinton N. Reed 39 Colony Road West Springfield, Mass.
USNH Brooklyn, N. Y. USNH St. Albans, N. Y.	Obrig Contact Lens Specialists 19 East 48th Street New York City, N. Y.
USNH Philadelphia, Pa.	Bonshur & Holmes, Chestnut Str., Phil. Pa. or J.E. Limeburner, Chestnut St., Phil. Pa.
USNH Bethesda, Md.	Contact Lens Service Inc. 1726 Eye Street, N. W. Washington, D. C.
USNH Portsmouth, Va.	McCoy-Stokes Hospital C. M. McCoy 1400 Colonial Avenue, Norfolk, Va.
USNH Memphis, Tenn.	Memphis Optical Dispensers Exchange Building Memphis, Tenn.
USNH Great Lakes, Ill.	Boll & Lewis - Chicago, Ill. or A. C. Wilhelm, 1640 Belmont, Chicago, Ill.
USNH Corona, California USNH Long Beach, California	Superior Optical Company 1922 Wilshire Blvd. Los Angeles, California
USNH San Diego, Calif. USNH Santa Margarita Ranch, Oceanside, Calif.	San Diego Optical Company Bank of America Bldg, San Diego, Calif. or B. F. Sherman Bank of America Bldg, San Diego, Calif.
USNH Mare Island, Calif. USNH Oakland, California	Franklin Optical Company 1624 Franklin Street Oakland, California
USNH Treasure Island, Calif. USNH Shoemaker, Calif.	Jenkel-Davidson San Francisco, Calif.
USNH Astoria, Oregon	H. A. Moore 315 Mayer Building Portland, Oregon
USNH Bremerton, Washington USNH Seattle, Washington	Moray Girling 501 Medical-Dental Building Seattle, Washington

*Can travel to any point to service activities in the First Naval District.

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BuMed Circular Letter No. 45-178

7 July 1945

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To: All Ships and Stations

Subj: Object and Subobject Classification of Medical Department Appropriational Estimates, Obligations and Expenditures

Ref: (a) Budget-Treasury Regulation No. 1, Revised, Relating to Apportionments and Reports on Status of Appropriations, issued 1 June 1942 by the Bureau of the Budget and the Treasury Department under Executive Order No. 8512, as amended by Executive Order No. 9084.
(b) Par. 3014, ManMedDept. (Chapt. 20, 1938 edition)
(c) Par. 3023(g), ManMedDept. (Chapt. 20, 1938 edition)
(d) Par. 3024, ManMedDept. (Chapt. 20, 1938 edition)
(e) BuMed Cir Ltr No. 43-187.
(f) BuMed Cir Ltr No. 41-33.
(g) BuMed Cir Ltr No. 41-43.
(h) BuMed Cir Ltr No. 44-149.

Encl: A. Chart showing object and subobject classification of appropriational estimates, obligations and expenditures, under the appropriation, Medical Department, Navy.

1. References (f), (g), paragraphs 2(A) and (B) of reference (h), are hereby canceled, effective 1 July 1945, and will be superseded on that date by the instructions contained herein. Unliquidated obligations under prior year appropriations outstanding on 1 July 1945, and all expenditures on and after that date under prior year appropriations shall be classified in accordance with the revised classifications prescribed herein.

2. References (b), (c), (d), and (e) are in process of revision to conform to this letter.

3. The object classification prescribed in reference (a) has been approved by the Senate and House Appropriation Committees, and is required to be utilized in submitting estimates to the Bureau of the Budget and in reporting data under Executive Order No. 8512, as amended by Executive Order No. 9084, whenever analyses by objects are required.

4. It should be noted that the object classification prescribed in reference (a) is based upon the nature of the services, articles, or other items involved, as distinguished from the purposes for which obligations are incurred. Thus, personal services, supplies and materials, etc., are to be classified as such even though they may be used in the manufacture of supplies or equipment, or in the erection of structures.

5. Reference (a) also authorizes the various agencies to divide the object classes prescribed therein into such detailed classes, or subobjects, as it deems necessary, provided, however, that such classes shall be subsidiary to and conform in total with the prescribed object classes.

6. The object classes prescribed and defined in reference (a) are listed below and are coded by two-digit symbols. They are followed by the subobjects, coded by three-digit symbols. They are followed by the subobjects, coded by three-digit symbols, prescribed by the Navy Department for uniform application throughout the naval establishment, and the three-digit subobjects are followed, where required, by four-digit subobjects, prescribed by this Bureau for uniform application throughout the Medical Department. Object classes 11, 12, 13, 14, 15 and 16 are not applicable to Medical Department appropriational estimates, accounts and reports as prescribed by this Bureau, nor are certain of the subobjects prescribed by the Navy Department, as indicated under those not applicable. In the Medical Department appropriational estimates, accounts and reports prescribed by this Bureau the only items to be included are those properly chargeable to the appropriation, Medical Department, Navy.

OBJECT 01--PERSONAL SERVICES

Includes all salaries and wages for labor or other services of officers or employees, either civil or military, of the Government. This classification also includes compensation for special services rendered by consultants or others employed on a per diem or fee basis, and cash allowances for quarters, heat, light, and other cash emoluments incident to personal services. In the case of civil-service employees it also includes that portion of salaries, wages, and other compensation which represents employee's retirement contributions, and other deductions creditable to other appropriations and funds.

For information as to the positions included in the groups referred to in the various subobjects under this object refer to the current Schedules of Wages for Civil Employees in the Field Service of the Navy Department, the Marine Corps, and the Coast Guard. This publication is issued in two volumes, one covering activities within and the other covering those outside the continental limits of the United States.

The subobjects applicable to salaries and wages also include retirement fund, bond, income-tax, and subsistence deductions as may be applicable, but does not include the value of allowances in kind as part compensation or special duty compensation in lieu of cash compensation.

011--Personal Services, Departmental

Not applicable to field activities. To be used only by the Bureau.

012--Personal Services, Group IVb, Continental

Salaries of Group IVb civil employees in continental activities.

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- 013--Personal Services, Group IVb, Territorial and Foreign
Salaries of Group IVb civil employees in extra-continental activities.
- 014--Personal Services, Native and Alien Schedules, Per Annum Basis
Salaries of civil employees in extra-continental activities who are employed on a per annum basis under native and alien schedules as listed in the schedule of wages applicable to activities outside the continental limits of the United States.
- 015--Personal Services, Groups I, II, III, and IVa, Continental
Wages of civil employees classified in these groups at continental activities.
- 016--Personal Services, Groups I, II, III, and IVa, Territorial and Foreign; Native and Alien on other than per annum basis
Wages of civil employees classified in these groups at extra-continental activities.
- 017--Personal Services, Contract Employees
Not to be used for Medical Department purposes unless specifically authorized by the Bureau.
- 018--Personal Services, Military Pay and Allowances
Not applicable to the appropriation, Medical Department, Navy.
- 019--All other Personal Services
This subobject, shall not be used for Medical Department purposes unless specifically authorized by the Bureau. Medical Department activities shall classify the items applicable to the appropriation, Medical Department, Navy, under this subobject by the following titles and four-digit symbols.
- 0191--Fees for Professional Services
Fees for civilian physicians, surgeons, dentists, and nurses when billed as such and paid directly to the individual rendering the service, whether the services were rendered in conjunction with hospitalization, special examinations, or special treatments.
When the services were rendered in conjunction with hospitalization, examination or treatment in a nonnaval hospital and the hospital includes the fees for such professional services in its charges, the amount applicable to professional services of physicians, surgeons, and nurses shall be recorded and reported under 0791--Hospital and Clinical Services--and the amount applicable to professional services of dentists shall be recorded and reported under 0792--Dental Service.
- 0192--Other Fee Services
All fee services chargeable to the appropriation, Medical Department, Navy, other than those covered by 0191, are to be included hereunder.
This subobject includes:
(1) Fees for blood-donor service.
(2) Fees of civil officers for furnishing certified copies of death certificates and other civil documents.
The cost of certified copies of death certificates and other documents when procured by an undertaker and included in his bill for burial services shall not be included hereunder, but shall be included under 0793--Burial Expense.
(3) Fees of tree surgeons when paid directly to the individual for personal services rendered.
(4) Fees of lecturers and consultants at the National Naval Medical Center, and elsewhere as may be specifically authorized by the Bureau.
(5) Any other fee services.
- 0193--Stipend, Cadet Nurses
Stipend authorized for cadet nurses by Executive Order No. 9439, dated 4 May 1944, including bond deductions, if any.
The stipend is not subject to retirement deductions or income-tax withholdings. Do not include the equivalent value of quarters and subsistence furnished in kind as part compensation.

OBJECT 02--TRAVEL

Includes transportation of persons, their subsistence while in an authorized travel status, and other expenses incident to travel which are to be paid by the Government either directly or by reimbursing the traveler.

020--Travel

Only the first two of the following items under this object are applicable to field activities of the Medical Department:

- (1) The per diem allowance in lieu of actual and necessary expenses authorized by competent authority in connection with travel under orders of cadet nurses.
The per diem travel expenses prescribed for cadet nurses by Public Law 248, 78th Congress, are those authorized by the Subsistence Expense Act of 1926, as amended (5 U.S.C. 823). In accordance with title 5, section 827, U.S. Code, the fixing and payment of per diem allowance, or portions thereof, under the above-mentioned act are prescribed in section VI, paragraphs 50 and 51, of Standardized Government Travel Regulations, approved by the President.
- (2) Amounts paid to individual cadet nurses in reimbursement for travel performed under competent orders when a Government transportation request was not issued or was issued and not used.

- (3) Charges for travel performed by cadet nurses under Government transportation requests will be charged to an allotment maintained in the Bureau and shall not be estimated for or reported by field activities of the Medical Department.

OBJECT 03--TRANSPORTATION OF THINGS

Includes those charges for the transportation of things (including animals) which are paid or to be paid directly by the Government and not by the vendor, whether such transportation be by land, air, or water. It also includes charges for the care of such things while in process of being transported.

030--All Transportation of Things

This subobject shall not be used for Medical Department purposes unless specifically authorized by the Bureau. Medical Department activities shall classify the items under this subobject which are chargeable to the appropriation, Medical Department, Navy, by the following titles and four-digit symbols.

0301--Transportation of Remains

The estimated cost of transportation of remains of the dead on Government bill of lading, Government transportation request, or by other authority, when properly chargeable to the appropriation, Medical Department, Navy, is to be reported hereunder. Since payment for all transportation is made by the Bureau of Supplies and Accounts, except under the unusual circumstances, the best estimate obtainable shall be reported by field activities as an appropriational expenditure. A reliable estimate may be obtained from the agent of the carrier at the point of initial shipment. Final adjustment of the difference, if any, between the estimated cost as reported by field activities and actual cost reported by the Bureau of Supplies and Accounts will be made in the Bureau.

0302--Tolls and Ferriage

Toll and ferry charges for Medical Department vehicles, and driver only, are chargeable to the appropriation, Medical Department, Navy, and are the only charges to be estimated for, recorded, and reported hereunder. Toll and ferry charges for patients and other passengers are not chargeable to the appropriation, Medical Department, Navy; see art. 940-50(6), BuSandA Manual.

OBJECT 04--COMMUNICATION SERVICE

Includes the charges for transmission of messages from place to place, such as tolls for land telegraph service, marine cable service, radio and wireless telegraph service, postage and messenger service. It also includes switchboard and service charges and telephone installation costs.

040--Communication Services

This item is applicable to the appropriation, Medical Department, Navy, only when specifically authorized by the Bureau. Ordinarily, all communication services are chargeable to the appropriation, Miscellaneous Expenses, Navy.

OBJECT 05--RENTS AND UTILITY SERVICES

Includes charges for rental of property as well as for heat, light, power, water, gas, electricity, and other utility services, exclusive of transportation and communication services.

051--Rent of Land and Buildings (including facilities and utility and other services included in the contract)

This item is not applicable to the appropriation, Medical Department, Navy. Rental charges for land and buildings for Medical Department use are chargeable to the appropriation, Maintenance, Bureau of Supplies and Accounts. Utility and other services included in the rental agreement are contracted for as separate items and are chargeable to the appropriation, Medical Department, Navy. Such services shall be estimated for and reported as follows:

- (1) Utility services under the appropriate four-digit subobjects under 053--Utility Services Separately Procured.
- (2) Maintenance service under 0794, Maintenance and Repair Services, General.
- (3) Subsistence Service under 0796, Subsistence Service.
- (4) Any other services under the appropriate subobject under object 07, Other Contractual Services.

052--Rent of Equipment

Rental of equipment at hospitals, medical supply depots, the National Naval Medical Center, and elsewhere as may be specifically authorized by the Bureau, as a charge to the appropriation, Medical Department, Navy.

053--Utility Services Separately Procured

This subobject shall not be used for Medical Department purposes unless specifically authorized by the Bureau. Items chargeable to the appropriation, Medical Department, Navy, under this subobject shall be classified by the following titles and four-digit symbols.

0531--Gas Service

Gas service for all purposes when procured under contract, from a naval or Marine Corps activity, or from another Government agency, and properly chargeable to the appropriation, Medical Department, Navy. At shore stations, other than hospitals, medical supply depots and the National Naval Medi-

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cal Center, only gas service for use in clinical and dental laboratories in direct connection with the care of the sick is chargeable to the appropriation, Medical Department, Navy, and is to be estimated for, recorded and reported hereunder. Bottled fuel gases are not to be included hereunder but shall be included under the appropriate subobject under Object 08, Supplies and Materials.

0532--Electric Light and Power Service

Charges for electric light and power service at hospitals, medical supply depots, and the National Naval Medical Center, when procured under contract, from a naval or Marine Corps activity, or from another Government agency.

0533--Steam and Heating Service

Charges for steam or hot-water heating service at hospitals, medical supply depots, and the National Naval Medical Center, when procured under contract, from a naval or Marine Corps activity, or from another Government agency.

0534--Water Service

Charges for water service and connection charges, other than hot-water heating service (0533), at hospitals, medical supply depots, and the National Naval Medical Center, when procured under contract, from a naval or Marine Corps activity, or from another Government agency.

054--Rent of Rendezvous

Not applicable to the Medical Department.

059--All Other Rents and Utility Services

This subobject will not be used for Medical Department purposes unless specifically authorized by the Bureau.

OBJECT 06--PRINTING AND BINDING

Includes all contractual services for the printing and binding of books, pamphlets, documents, other publications, and printed forms and letterheads.

061--Forms and Letterheads, Including Tabulating Cards

Charges for printing of forms, letterheads, and tabulating cards, when procured under contract, from a naval or Marine Corps activity, or from another Government agency.

062--Books and Publications, Including Manuals, Pamphlets, Periodicals, Circulars, etc.

Charges for printing and binding of the items listed above, and similar items, when procured under contract, including printing and binding of such items procured from a naval or Marine Corps activity, or from another Government agency. Printing and binding of items under this subobject shall not be procured in advance of specific Bureau approval in each instance.

069--Other Printing and Binding

No charges to the appropriation, Medical Department, Navy, shall be incurred under this subobject unless specifically authorized by the Bureau in advance.

OBJECT 07--OTHER CONTRACTUAL SERVICES

All contractual services not otherwise classified, including such services procured from a naval or Marine Corps activity, or from another Government agency.

071--Services Procured From Other Government Departments

Charges to the appropriation, Medical Department, Navy, for such services shall not be reported hereunder but will be estimated for, recorded, and reported under the applicable symbols and titles in this series.

072--Stevedoring

Not applicable to the appropriation, Medical Department, Navy

073--Contractual Storage, Handling, Processing, and/or Packing of Navy Stores and Material, Including Household Effects of Naval and Civilian Personnel.

Applicable to the appropriation, Medical Department, Navy, at naval medical supply depots for contractual handling, processing, and/or packing of medical stores, and at other activities only when specifically authorized by the Bureau in advance.

079--Other Contractual Services

This subobject shall not be used for Medical Department purposes unless specifically authorized by the Bureau. Items chargeable to the appropriation, Medical Department, Navy, under this subobject shall be classified by the following titles and four-digit symbols, with the following exception: Duplicating, photographic, stenographic, and typewriting service when procured by contract, from a naval or Marine Corps activity, or from another Government agency, shall be reported hereunder. This item includes Multigraphing, Mimeographing, and blueprinting service. No charges to the appropriation, Medical Department, Navy, are to be incurred for such services unless specifically authorized by the Bureau in advance.

0791--Hospital and Clinical Services

Charges for hospitalization, special examinations, special treatments, and any other special services, except dental examinations, treatments, and services, required in connection with the care of the sick in other than naval medical facilities. Includes charges for repair and adjustment (including refitting) of orthopedic and prosthetic appliances, such as artificial limbs, braces, spectacles, etc., when procured from non-naval sources, and charges for ambulance service furnished by a non-naval hospital incident to admission as an in-patient to such hospital.

When naval personnel are actually admitted as in-patients into nonnaval hospitals and when actually billed as such, all special examinations and special treatments (including X-ray, laboratory, electrocardiographic, basal metabolism, eye, and other special examinations and X-ray, first-aid, and other special treatments) are to be included hereunder. When billed as professional services directly by the physician, surgeon, dentist, or nurse concerned, the charge shall be reported under subobject 0191, Fees for Professional Services.

When ambulance service is furnished by the hospital concerned as an incident to the admission as an in-patient the charges therefor are properly chargeable to the appropriation, Medical Department, Navy, and shall be included hereunder.

When ambulance service is furnished for any purpose other than for admission as an in-patient to the hospital or the ambulance service is furnished by other than the hospital concerned, the charges therefor are not chargeable to the appropriation, Medical Department, Navy but to the appropriation chargeable for the transportation of personnel of the service (Navy or Marine Corps) and in the category to which the individual belongs.

0792--Dental Service

Charges for dental examinations, treatments, and special dental services at nonnaval medical facilities, when billed as such, are to be included hereunder. When billed as professional services directly by the dentist concerned, the charge shall be reported under subobject 0191, Fees for Professional Services.

0793--Burial Expense

Charges for services in connection with the burial of the dead, such as embalming, opening and closing grave, permits, hearse and carriages, local transportation incident to preparation, funeral and shipment when all of such services are procured from nonnaval sources. Includes cost of copies of death certificates and other documents when obtained by the undertaker and included in his bill. Also includes the cost of purchased grave plots in other than naval and national cemeteries, and charges for repair of caskets when accomplished by other than Medical Department maintenance force. Does not include the cost of burial clothing, nor cost of caskets purchased under local contracts for care of the dead, which items shall be included under 0893, Mortuary Supplies.

0794--Maintenance and Repair Services, General

The following items are to be included hereunder:

- (1) Maintenance and repair service, including minor alterations and improvements, in connection with land and improvements to land at hospitals, medical supply depots, and the National Naval Medical Center when the work is accomplished under contract, by a naval or Marine Corps activity, or by another Government agency. Includes charges for all such work except when accomplished by hospital or depot maintenance force or by temporary labor carried on the Medical Department pay rolls.
Land and improvements to land consist of grounds, including cemeteries and grave plots and all improvements to land, except buildings and utility systems, as reflected in subdivisions 2L1 and 2L2 in the Land and Buildings ledger.
- (2) Maintenance and repair services, including minor replacements, alterations, and improvements, in connection with utility systems located outside of buildings (subdivision 2L3, Land and Buildings ledger) at hospitals, medical supply depots, and the National Naval Medical Center when the work is accomplished by hospital or depot maintenance force or by temporary labor carried on the Medical Department pay rolls.
- (3) Maintenance and repair services, including minor alterations, renovations, additions, and extensions to buildings, repair of and replacement parts for fixed equipment located in buildings, and elevator and boiler inspection service, at hospitals, medical supply depots, and the National Naval Medical Center when the work is accomplished under contract, by a naval or Marine Corps activity, or by another Government agency. Includes charges for all such work, except when accomplished by hospital or depot maintenance force or by temporary labor carried on the Medical Department pay rolls.
Buildings include the buildings and all fixtures and equipment which become permanently attached to or form a part of buildings and structures as reflected in subdivisions 2B1 and 2B2 of the Land and Buildings ledger. Fixed equipment includes such items as elevators, power-plant boilers, pumps and generators, telephone switchboards, dumb-waiters, fire-alarm systems, call systems, fire escapes, built-in air conditioning and ventilating systems, steam, water, gas, electric, and plumbing systems located in buildings, built-in refrigeration systems, awnings, window shades, venetian blinds, screens, etc.
- (4) Waste removal service at hospitals, medical supply depots, and the National Naval Medical Center, consisting of charges for removal of rubbish, ashes, garbage, and other waste items, when such service is obtained under contract, from a naval or Marine Corps activity, or from another Government agency. Includes all charges for such service except when accomplished by hospital or depot maintenance force or by temporary labor carried on the Medical Department pay rolls.
- (5) Repair, maintenance, and inspection services for equipment, other than transportation equipment and fixed equipment located in buildings, including minor alterations and improvements, when the work is accomplished under contract, by a naval or Marine Corps activity, or by another Government agency. Includes all charges for such services except when accomplished by hospital

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depot, or station Medical Department maintenance force, by ship's force, by ship's force, or by temporary labor carried on Medical Department pay rolls.
 Cost of replacement of parts of property classified as equipment when property survey has not been and will not be held shall be reported hereunder when accomplished as indicated above.
 When the part being replaced has been or will be surveyed, and the equipment account reduced accordingly, the cost of the replacement will not be reported hereunder when accomplished as indicated above. When the part being replaced has been or will be surveyed, and the equipment account reduced accordingly, the cost of the replacement will not be reported hereunder but will be reported under the appropriate subobjects under object 09, Equipment.

0795--Laundry Service

Charges for laundry service when obtained under contract, from a naval or Marine Corps activity, or from another Government agency.
 Do not include the invoiced cost of laundering Medical Department linen by ship and station laundries when the Medical Department is billed only for the prorated cost of laundry supplies and materials consumed. Such charges shall be estimated for, recorded, and reported under subobject 0895, Laundry Supplies, and reflected accordingly in all Medical Department accounting records and reports.
 When a station laundry invoices the cost of such service on a prorated basis, but such charges include the salaries of civil personnel and items other than laundry supplies and material, the charges therefor shall be reported hereunder.

0796--Subsistence Service

Charges for contractor operated hospital messes and for cost of special diets obtained on board ship from officer and chief petty-officer messes. Do not include hereunder cost of items of special diet procured by the Medical Department from any source when procured and invoiced as individual items of provisions (see subobject 0899).

0797--Research Projects and Services

Charges in connection with hygienic and sanitary investigation and other Medical Department research projects, other than Personal Services, 01, when specifically authorized by the Bureau and accomplished by other than Medical Department force or temporary labor carried on Medical Department pay rolls.

0798--Maintenance and Repair Service, Transportation Equipment

Charges for overhaul, repair, painting, storage, and other maintenance services in connection with transportation equipment, including ambulances, but excluding fire-fighting apparatus, tractors, power mowers, and other automotive equipment, unless used exclusively for transportation purposes, when accomplished by other than Medical Department maintenance force or temporary labor carried on Medical Department pay rolls.

0799--Special Instruction

Charges for postgraduate and special courses of instructions at other than Army and naval activities for medical and dental officers, nurses, and officers and enlisted personnel of the Hospital Corps.
 Applicable only to the National Naval Medical Center unless otherwise specifically authorized by the Bureau.

OBJECT 08--SUPPLIES AND MATERIALS

Includes all commodities which are ordinarily consumed or expended within a comparatively short period of time, converted in the process of construction or manufacture, or form a minor part of equipment or fixed property. Also includes commodities purchased for resale.

081--Petroleum Products

Includes all petroleum products (except fuel oil (0811) and drugs, medicinal preparations, chemicals and reagents, for medical, surgical, dental and Medical Department research and technical purposes (0891, 0892, or 0897)), when procured by contract, from a naval or Marine Corps activity, or from another Government agency as a charge to the appropriation, Medical Department, Navy. Includes all gasoline, kerosene, lubricating oils and greases, petroleum spirits, and other petroleum products, except as noted above.

0811--Fuel Oil

Fuel oil procured by hospitals, medical supply depots, and the National Naval Medical Center for cooking, heating, and generating power.

082--Coal

Coal procured by hospitals, medical supply depots, and the National Naval Medical Center for cooking, heating, generating power, or manufacturing artificial fuel gases.

083--Office Supplies

Writing paper, envelopes, carbon paper, stencils, mailing tubes, file guides and folders, index guides, blotting paper, blotter holders, blank books, desk shears, paper fasteners, labels, seals, pencils, leads, pens, ink, ink eradicators, erasers, ribbons for typewriters and other office machines, inking pads, pencil sharpeners, sponges and sponge cups, mucilage, library paste, and other library supplies and similar expendable office supplies.

Fees paid for copies of civil death certificates and other documents shall not be included hereunder

but shall be estimated for, recorded, and reported under subobject 0192, Other Fee Services. Cost of printing and binding of books, publications, pamphlets, documents printed forms, letter-heads, labels, etc., are not to be included hereunder but shall be estimated for and reported under 061 or 062, as may be applicable. Duplicating (including Multigraphing, Mimeographing, and blueprinting), photographic, stenographic, and typewriter services shall not be included hereunder, but shall be estimated for, recorded, and reported under 079, other Contractual Services.

084--Clothing and Clothing Supplies (Except Burial Clothing)

This subobject shall not be used for Medical Department purposes unless specifically authorized by the Bureau.

Clothing for burial of the dead shall be estimated for, recorded, and reported under subobject 0893, Caskets and Mortuary Supplies.

Cooks' and mess attendants' jackets, caps, and aprons, whether procured by purchase, from a supply officer, from a Marine Corps quartermaster, or from another Government agency, shall be estimated for, recorded, and reported under subobject 0896, Commissary Supplies.

089--All Other Supplies and Materials

This subobject shall not be used for Medical Department purposes unless specifically authorized by the Bureau. Medical Department activities shall classify the items under this subobject which are chargeable to the appropriation, Medical Department, Navy by the following titles and four-digit symbols.

0891--Medical and Surgical Supplies

The following items shall be included hereunder when properly chargeable to the appropriation, Medical Department, Navy.

- (1) Drugs, medicinal preparations, blood plasma for transfusion, tablets, biologicals, anesthesia gases, antiseptics, and medicinal agents or vehicles such as yeast, ginger ale, grape juice, mineral waters, alcoholic beverages, etc., other than those procured specifically for dental use (see 0892, Dental Supplies) or as special diet items (see 0899, Provisions).
- (2) Surgical dressings, splints, surgical instruments of an expendable nature, expendable surgical, hospital, and nursing supplies, expendable bedding and linen, curtain material, needles, thread, thimbles, and other linen-room supplies, other than those procured specifically for dental use (see 0892, Dental Supplies).
- (3) Expendable dispensary, laboratory, X-ray, electrocardiograph, basal metabolism, occupational therapy, physical therapy, hydrotherapy, and other special apparatus and supplies for professional departments and services (other than dental; see 0892, Dental Supplies), including cost of and feed for laboratory animals.
- (4) Orthopedic and prosthetic appliances (except artificial teeth--0892, Dental Supplies) such as artificial limbs and eyes, supports, braces, orthopedic shoes, and spectacles. Custom-made orthopedic shoes shall, unless otherwise specifically authorized, be procured only by naval hospitals and naval convalescent hospitals, and only for naval personnel (including Coast Guard and Marine Corps) who are patients therein and for whom such shoes are prescribed by the medical officer for correction of conditions incurred in service, and for naval personnel in a duty status for whom such shoes have previously been prescribed as a means of enabling such personnel to continue on active duty. Custom-made orthopedic shoes so procured shall be chargeable to the appropriation, Medical Department, Navy. Custom-made orthopedic shoes shall not be furnished when standard civilian or military shoes may be modified to fulfill the requirements of the prescription of the medical officer for the individual. The cost of standard shoes is not chargeable to the appropriation, Medical Department, Navy, but the cost of materials and services to so modify them is properly chargeable to this appropriation.
- (5) Field supplies (other than dental--0892, Dental Supplies) for Navy and Marine Corps expeditionary and landing-force units.

0892--Dental Supplies

All dental supplies, including artificial teeth, other supplies and material for dental prosthesis, and field dental supplies for Navy and Marine Corps expeditionary and landing-force units, shall be included hereunder.

0893--Mortuary Supplies

The following items shall be included hereunder:

- (1) Caskets and mortuary supplies for general use, including caskets purchased under local care-of-the-dead contracts.
- (2) Clothing procured for burial of the dead.
- (3) Materials and parts procured for repair of caskets to be accomplished by hospital, station, or ship's maintenance force.

0894--Maintenance Supplies, Materials and Parts

The following items are to be included hereunder:

- (1) Supplies, materials, and parts procured at hospitals, medical supply depots, and the National Naval Medical Center for immediate or deferred use of the hospital or depot maintenance force in the maintenance and repair, including minor alterations and improvements, to land and improvements to land such as roads, walks, seawalls, retaining walls, fences, boundary walls,

fences, boundary walls, piers, wharves, bridges, railway trackage, ditches, flag poles, tennis and handball courts, cemeteries and grave plots, monuments, and like items not classified as buildings or utility systems.

Include hereunder such items as plants, seeds, fertilizer, minor tools for maintenance of grounds such as rakes, shovels, hoes, street brooms, snow shovels, garden hose, hand-operated hedge and grass trimmers, and items for repair of roads and walks such as cement, sand, gravel, asphalt, and small tools for such purposes.

Land and improvements to land consists of grounds (including cemeteries and grave plots) and all improvements to land, except buildings and utility systems, as reflected in subdivisions 2L1 and 2L2 in the Land and Buildings ledger.

- (2) Supplies, materials, and parts procured at hospitals, medical supply depots, and the National Naval Medical Center for immediate or deferred use of the hospital or depot maintenance force in the maintenance and repair, including minor alterations and improvements, of utility systems located outside buildings (subdivision 2L3, Land and Buildings ledger). Includes such items as pipe, pipe fittings, cable, wire, distributing panels, replacement light standards or poles, fixtures, replacement lights and globes, valves, gutter drains, replacement meters, etc.
- (3) Supplies, materials, and parts procured at hospitals, medical supply depots, and the National Naval Medical Center for immediate or deferred use of the hospital or depot maintenance force in the maintenance and repair, including minor alterations, additions, and extensions, of buildings, and repair of minor replacement parts for fixed equipment located in buildings. Buildings include the buildings and structures and all fixtures and equipment located therein which become permanently attached to or form a part of buildings and structures, as reflected in subdivisions 2B1 and 2B2 of the Land and Buildings ledger. Fixed equipment includes such items as elevators, power-plant boilers, pumps and generators, telephone switchboards, dumb-waiters, fire-alarm systems, call systems, fire escapes, built-in air conditioning and ventilating systems, steam, water, gas, electric, and plumbing systems located in buildings, built-in refrigeration systems, awnings, window shades, venetian blinds, shades, etc.
- (4) Cleaning and toilet supplies at hospitals, medical supply depots, and the National Naval Medical Center. This item includes soap, soap powder, disinfectants, insecticides, animal poisons, detergents, steel wool for general cleaning purposes, phosphate cleanser, sponges, brooms, brushes, dust pans, floor mops, dust mops, toilet paper, floor wax, furniture polish, and similar cleaning and toilet supplies. Cleaning and toilet supplies are not chargeable to the appropriation, Medical Department, Navy, at other shore stations and on board ships.
- (5) Supplies, materials, and parts procured for immediate or deferred use of hospital, depot, station, or ship's force in the repair of Medical Department equipment, other than transportation equipment (0898) and fixed equipment located in buildings (item 3 above). Includes replacement units of equipment items when such units are classified as equipment and when property survey has not been held and will not be held on the unit being replaced. When property survey has been held and approved by the Bureau or other competent authority, the cost of the replacement unit shall be charged to the appropriate equipment subobject under object 09.
- (6) Artificers fire protection and general supplies such as artificers loose and hand tools; fire-protection supplies such as spanner wrenches, nozzles, chemical extinguisher materials, and replacement fire hose; supplies procured for general use such as safety matches and ice procured for purposes other than preservation of food.

0895--Laundry Supplies

Laundry supplies such as soap, soap powder, soda, laundry compounds, bleach, starch, sizing, bluing, laundry wax, wash bags, linen-marking supplies, canvas for rollers, ironer aprons, and similar items.

Includes the invoiced cost of laundry supplies and materials consumed by ship and station laundries in laundering Medical Department linen when the Medical Department is billed only for the prorated cost of laundry supplies consumed.

When a station laundry invoices the cost of laundry service on a prorated basis, but such charges include the salaries of civil personnel and items other than laundry supplies, the charges therefor shall be reported under subobject 0795, Laundry Service.

0896--Commissary Supplies

This item is applicable only at U. S. naval hospitals unless otherwise specifically authorized by the Bureau, and includes:

- (1) Kitchen utensils (except the more expensive and durable items) such as frying pans, baking pans, paring knives, cooks' and butchers' knives, steels, whips, spoons, sauce pans, funnels, strainers, ladles, mixing bowls (other than power-operated), dredges, condiment cans, cleaners, meat and bone saws (other than power-operated), rock salt for freezing foods, and similar kitchen supplies.
- (2) Dining-room china, glassware, serving utensils, replacement containers for steam tables and food carts, Navy standard knives, forks, and spoons (crew's mess gear), and similar supplies. Navy standard silverware for officers' messes (OMG) shall be included under 0996, Commissary Equipment.
- (3) Special cleaning agents purchased exclusively for dishwashing purposes.
- (4) Ice and refrigeration supplies, including refrigerator thermometers, when procured for use in connection with preparation and serving of food.
- (5) Dish towels, cooks' and bakers' caps and aprons, and mess attendants' jackets.

0897--Special Supplies for Research Projects

Includes all special supplies and materials procured for exclusive use in connection with hygienic and sanitary investigation and other Medical Department research projects, but only when such research and investigation has been specifically authorized by the Bureau.

0898--Transportation Supplies, Materials, and Parts (Other Than Petroleum Products)

Includes all supplies, materials, and parts (except petroleum products, 081) procured for maintenance, operation, and repair of transportation equipment, such as spark plugs, tires, tubes, valve caps, polish, wax, sponges, chamois skin, antifreeze solutions, lamp bulbs, paints, tools of an expendable nature, replacement parts and accessories, and similar consumable supplies, materials, and parts for transportation equipment.

Transportation equipment includes ambulances, trucks, automobiles, and other vehicles used exclusively for transportation of personnel and material, except stores-handling equipment for use within buildings and storage yards (095). Fire-fighting apparatus (0994) is not to be included hereunder, nor are tractors and other items of automotive equipment (0994) unless used exclusively for transportation purposes.

Maintenance and repair services procured under contract, from a naval or Marine Corps activity or from another government agency, shall not be included hereunder but shall be estimated for and reported under 0798, Maintenance and Repair Services, Transportation Equipment.

0899--Provisions (Including Special Diet Items)

(1) At naval hospitals includes all items of provisions for hospital mess, including items for special diet.

(2) On board hospital ships includes all provisions procured for the subsistence of personnel through the Medical Department diet kitchen, whether procured from the supply officer of the vessel or purchased as items of special diet.

(3) On board other ships and at other stations includes all items of special diet procured for the sick, when invoiced as items of provisions.

Complete subsistence service obtained for the sick from officer and chief-petty-officer messes on board other ships and at other stations when invoiced as meals and not as individual items of provisions shall not be reported hereunder, but shall be reported under 0796, Subsistence Service.

Does not include items such as yeast, ginger ale, grape juice, mineral water, and alcoholic beverages which are procured for use as medicinal agents or vehicles and which shall be included under 0891, Medical and Surgical Supplies.

OBJECT 09--EQUIPMENT

Includes machinery, implements, tools, furniture and fixtures, livestock (other than that purchased for slaughter or laboratory purposes), armaments, vehicles and other apparatus, which are adopted to continuing use without material impairment of their physical condition, and which it may be expected will have an extended period of service.

091--Furniture and Furnishings for Officers' Quarters

This subobject is applicable to the appropriation, Medical Department, Navy, only at hospitals, medical supply depots, and the National Naval Medical Center unless otherwise specifically authorized by the Bureau. Includes all movable furniture, furnishings, and fixtures procured for use in both family-type and bachelor officers' quarters, including nurses' quarters, but excluding sick-officers' quarters, at such commands.

Includes such items as beds, mattresses, pillows, bed linen and coverings, tables, chairs, lamps, desks, bookcases, clocks, settees, rugs and other floor coverings, portiers, draps, curtains, slip covers, mirrors, portable refrigerators, stoves, cabinets, and other kitchen equipment, portable heating and ventilating equipment, recreation-room furniture, furnishings, and fixtures, laundry equipment, porch and lawn furniture, and similar equipment.

This subobject does not include fixed equipment located in buildings, such as furnaces, lighting fixtures, plumbing fixtures, fire-protection fixtures, venetian blinds, window shades, screens, etc., nor does it include items of equipment peculiar to hospitals.

092--Office Equipment

Includes office machines and devices for exclusive use of the Medical Department, except at advance bases and on board ships other than hospital ships. Includes typewriters, adding machines, calculators, billing machines, bookkeeping machines, Addressographs, blueprint, photostating, duplicating, mimeographing, Multigraphing, dictating, and transcribing machines, time-recording stamps, and other office machines and devices.

On board ships, other than hospital ships, these items are furnished by Bureau of Ships and at advance bases are furnished by Bureau of Supplies and Accounts.

093--Other Furniture, Furnishings, and Equipment

This subobject is applicable to the appropriation, Medical Department, Navy, at hospitals, medical supply depots, and the National Naval Medical Center only, unless otherwise specifically authorized by the Bureau. Includes all movable furniture, furnishings, and fixtures procured for use in hospital administrative offices, sick-officers' quarters (exclusive of furniture, fixtures, and equipment peculiar to hospitals as classified under 099), reception rooms, libraries, lobby, and staff quarters other than officers' quarters (091).

Includes such items as desks, chairs, tables, file cabinets, transfer cases, safes, bookcases, clocks, settees, rugs and floor coverings, portable refrigerators for all purposes except staff-officers' quarters, recreation-room furniture, furnishings, and fixtures, porch and lawn gliders, chairs, tables, benches, and similar furniture, portable ventilating equipment, storeroom furniture, furnishings, and fixtures such as shelving and bins but excluding office equipment (092), transportation equipment (094), and stores-handling equipment (095).

The cost of the initial installation of window shades and venetian blinds (when not included in the buildings upon construction or acquisition), and additions thereto, shall be reported under 0894, Maintenance Supplies, Materials, and Parts, General.

094--Transportation Equipment

All transportation equipment, including motor ambulances, motor trucks, motor busses, station wagons, tractors, motorcycles, bicycles, horse-drawn wagons and carts, and other vehicles used exclusively for transportation purposes.

This item does not include motor-propelled fire apparatus (0994) or tractors for care of grounds or farms (0994).

095--Stores-Handling Equipment

All equipment procured for handling of stores such as conveyors, cranes, chain falls, hand trucks, lift trucks, tray carts, hand carts, dollies, strapping tools, movable weighing apparatus, marking tools, and other equipment used exclusively for stores handling.

099--All Other Equipment

This subobject shall not be used for Medical Department purposes unless specifically authorized by the Bureau. Items chargeable to the appropriation, Medical Department, Navy, under this subobject shall be classified by the following titles and four-digit symbols.

0991--Medical and Surgical Equipment

Includes all equipment peculiar to hospitals, such as hospital, surgical, and fracture beds, mattresses, pillows, bedding, linen (other than dining-room and dental linen), ward desks, clocks, cabinets, lockers, screens, stands, tables, stretchers, and wheeled litters, physician scales, operating-room furniture and equipment, sterilizing apparatus, disinfectors, surgical instruments and appliances (other than dental), anesthesia-gas machines, X-ray equipment, hydrotherapy and physical-therapy equipment, special diagnostic equipment, laboratory equipment, including special testing apparatus, other than special equipment for research (0997); pharmacy equipment, occupational-therapy equipment, special equipment for naval and Marine Corps expeditionary and landing-force units (other than dental), and other medical, surgical, and the hospital equipment.

0992--Dental Equipment

All dental equipment, including items of linen procured for the exclusive use of the dental department.

0993--Mortuary Equipment

All mortuary equipment, including mortuary tables, necroscopic instruments, embalming apparatus, morgue refrigerators (other than built-in refrigerators), carriers for removal of bodies, and similar equipment for exclusive use in connection with the care of the dead.

0994--Maintenance Machinery and Equipment, General

Includes all maintenance machinery, equipment, and apparatus in the following categories at hospitals, medical supply depots, and the National Naval Medical Center.

- (1) Machinery and power tools such as drill presses, lathes, planers, millers, pipe-cutting and threading machines, power saws, wood-working machines, grinding machines, portable hand-supported power tools, durable hand tools such as micrometers, verniers, tachometers, vises, anvils, adjustable steel squares, welding apparatus, paint-spraying apparatus, floor waxers, floor polishers, vacuum cleaners, special testing apparatus at medical supply depots, and similar machinery, equipment, apparatus, and tools.
Tools, jigs, and fixtures for use with machine tools which are not of a consumable nature shall be included as a part of the machine with which they are used. Consumable items such as drills, reamers, taps, dies, etc., shall be charged to subobject 0894. Consumable hand tools shall also be charged to 0894.
- (2) Fire-protection equipment, including motor-propelled fire trucks, hand-drawn chemical engines and trucks, hook-and-ladder trucks, hose carts, wheeled chemical extinguishers, fire hose, hand extinguishers, fire hooks, axes, and nozzles, and special fire-fighting equipment such as rebreathing apparatus, asbestos clothing, etc.
Initial outfits and additional items of fire hose, hand extinguishers, fire hooks, axes, nozzles, etc., are properly chargeable to this subobject; charge replacements to 0894.
- (3) Equipment for maintenance of grounds, such as tractors, lawn mowers, lawn and road rollers, power-operated hedge clippers, power-driven street-cleaning equipment, automotive-snow-plow attachments, plows, cultivators and similar durable equipment for maintenance and repair of grounds, roads, walks, utility systems, trees, shrubbery, etc.
- (4) Sundry equipment such as national ensigns, Red Cross flags, church pennants, mail bags and pouches, and other sundry items of general maintenance equipment.

0995--Laundry Equipment

All laundry machinery and equipment at hospitals (other than fleet and base hospitals) and the National Naval Medical Center only.

0996--Commissary Equipment

All commissary equipment at hospitals (other than fleet and base hospitals) except for officers' quarters (091) other than sick-officers' quarters.
Includes equipment for kitchens in sick-officers' quarters and all diet kitchens such as ranges, cookers, steam kettles, griddles, mixing machines, bake ovens, vegetable peelers and cutters, ice-cream mixers and freezers, butchers, bakers, cooks, and dietitians scales, butchers and cooks tables, meat blocks, power-operated meat and bone saws, meat slicers, bread-cutting machines, dish-washing machines, and accessories, coffee urns and grinders, food-serving carts, dish trucks, serving and steam tables, durable kitchen and serving utensils, silverware (OMG), damask table linen and cloth for making the same, and other kitchen and dining-room equipment.

0997--Special Equipment for Research

All special equipment procured for exclusive use in research and testing at the Naval Medical Research Institute, naval medical research units, and elsewhere as may be specifically authorized by the Bureau.

0998--Technical and Reference Books

All technical and reference books procured for the exclusive use of the Medical Department. Replacement sheets for books of the loose-leaf type shall be charged to 083, Office Supplies.

OBJECT 10--LAND AND STRUCTURES

Includes land and interest in land, buildings, and other structures, and permanent improvements when acquired by hospitals, medical supply depots, and the National Naval Medical Center, under contracts, from a naval or Marine Corps activity, or another Government agency.

101--Land

Purchases of land for naval hospitals and medical supply depots when title is transferred by deed to the United States, including all fees in connection with appraisals and transfer of title. Contracts for such purchases are executed by the Judge Advocate General. The appropriation to be charged will be indicated in each specific authorization.

102--Nonstructural Improvements (including Utility Systems)

Applicable to the appropriation, Medical Department, Navy, only at hospitals (other than fleet and base hospitals), medical supply depots, and the National Naval Medical Center. Includes improvements of land such as roads, walks, landscaping, retaining walls, boundary walls, fences, drainage ditches, bridges, piers, wharves, seawalls, embankments, grading, railway trackage, flag poles, tennis and handball courts, baseball backstops, monuments, and utility systems located outside buildings, such as heating, steam, electricity, gas, water (including water tanks, wells, and reservoirs), brine, fuel-oil, telephone, sewer, compressed air, street-lighting and fire-protection systems, including tunnels, conduits, poles, etc., carrying such lines which are located outside of buildings, when accomplished under contract, by a naval or Marine Corps activity, or another Government agency. Includes all such work except when accomplished by hospital or depot maintenance force. First costs are to be reported hereunder. Thereafter only cost of major additions, extensions, and improvements which materially increase the original value. Minor repairs, and minor additions, extensions, and improvements are considered to restore depreciation and shall be reported under sub-object 0794 when accomplished by contract, project order, or job order. When the work is accomplished by hospital or depot maintenance force, material purchased for such purposes shall be reported under 0894.

103--Buildings

Applicable to hospitals (other than fleet and base hospitals), medical supply depots, and the National Naval Medical Center. Includes the cost of acquisition or construction of buildings and structures, and additions and alterations materially adding to the original value. The contract price of buildings acquired will include the cost of fixed equipment located in the buildings at the date of acquisition. Additions to or replacements of complete units of fixed equipment will be reported under 104, Fixed Equipment.

104--Fixed Equipment

Applicable to hospitals (other than fleet and base hospitals), medical supply depots, and the National Naval Medical Center. Includes additions to and replacement of complete units of fixtures and equipment which become permanently attached to or form a part of buildings or structures, such as elevators, power-plant boilers, pumps, generators, heaters, tanks, telephone switchboards and feeders, dumb-waiters, telephone systems, fire-alarm systems, call systems, built-in refrigerating systems, built-in ventilating systems, steam, heating, water, gas, electric, and plumbing systems, awnings, screens, etc. The cost of fixed equipment located in buildings upon acquisition are to be included in the charges reported under 103, Buildings. Minor repairs and minor improvements are considered to restore depreciation and are to be reported under 0794 when accomplished by other than hospital or depot maintenance force. When the work is to be accomplished by hospital or depot maintenance force, material procured for the purpose is to be reported under 0894, Maintenance Supplies, Materials, and Parts, General.

7. The analysis of recprints from medical supply depots, table 5 of Report of Allotment Expenditures and Obligations, NavMed-B, shall be modified to conform to the revised object classification prescribed herein. Table 5 of NavMed-B shall be reported in the following form, either in the section headed "Remarks" or on a separate attachment to NavMed-B:

Subobject	Supply Catalog Class	Supply Catalog Class Totals	Subobject Totals
061	16	.....	.....
083	7	.....	.....
0891	1	.....	XXXXXX
	2	.....	XXXXXX
	4	.....	XXXXXX
	13	.....	.....
0892	11	.....	.....
0893	9	.....	.....

Subobject	Supply Catalog Class	Supply Catalog Class Totals	Subobject Totals
TOTAL SUPPLIES			
092	8	.....	.....
0991	3	.....	xxxxxx
	5	.....	xxxxxx
	6	.....	xxxxxx
	14	.....	.....
0992	12	.....	.....
0993	10	.....	.....
0998	15	.....	.....
TOTAL EQUIPMENT			
TOTAL RECEIPTS			

--ROSS T McIntire

BUDGET-TREASURY OBJECT CLASSIFICATION
OF
ESTIMATES, OBLIGATIONS AND EXPENDITURES
UNDER THE
APPROPRIATION, MEDICAL DEPARTMENT, NAVY
SHOWING PREVIOUSLY PRESCRIBED SYMBOLS AND TITLES

Coding Key

1st digit) - Budget-Treasury Object Symbol
2nd digit) -
3rd digit) - Subobjects prescribed by Navy Department
4th digit) - Subobjects prescribed by BuMed and applicable only to Medical Department activities and appropriation, Medical Department, Navy

ENCLOSURE A

New Symbol Used in as of 7-1-45	Symbol Used in FY-1946 Estimate	Symbol Prior to 7-1-45	Object and Subobject Titles (Indented titles are those in effect prior to 7-1-45 and indicate the prior subobjects (partial in some cases) to be included under new subobjects.)	New Symbol Used in as of 7-1-45	Symbol Used in FY-1946 Estimate	Symbol Prior to 7-1-45	Object and Subobject Titles (Indented titles are those in effect prior to 7-1-45 and indicate the prior subobjects (partial in some cases) to be included under new subobjects.)	New Symbol Used in as of 7-1-45	Symbol Used in FY-1946 Estimate	Symbol Prior to 7-1-45	Object and Subobject Titles (Indented titles are those in effect prior to 7-1-45 and indicate the prior subobjects (partial in some cases) to be included under new subobjects.)
			OBJECT 01 - PERSONAL SERVICES				OBJECT 06 - PRINTING AND BINDING				OBJECT 08 - SUPPLIES AND MATERIALS (CONT.)
011	011	0101	PERSONAL SERVICES, DEPARTMENTAL, (not applicable to field activities)	061	061	0611	FORMS AND LETTERHEADS, including tabulating cards	0894	084		MAINTENANCE SUPPLIES, MATERIALS AND PARTS, GENERAL (Other than petroleum products)
012	011	0101	PERSONAL SERVICES, GROUP IVB, CONTINENTAL Salaries	062	062	0611	BOOKS AND PUBLICATIONS, including manuals, pamphlets, periodicals, circulars, etc.			0612	Cleaning and Toilet Supplies
013	011	0101	PERSONAL SERVICES, GROUP IVB, TERRITORIAL AND FOREIGN Salaries	069	-	-	OTHER PRINTING AND BINDING			0827	Artificers, Fire Protection and General Supplies
014	011	0101	PERSONAL SERVICES, NATIVE AND ALIEN SCHEDULES PER ANNUM BASIS Salaries							0835	Supplies, Materials and Parts, Maintenance of Buildings
015	011	0101	PERSONAL SERVICES, GROUPS I, II, III, IVa, CONTINENTAL Wages	071	-	-	SERVICES PROVIDED FROM OTHER GOVERNMENT DEPARTMENTS (Report under 079 Series)			0836	Supplies, Materials and Parts, Maintenance of Utility Systems
016	012	0102	PERSONAL SERVICES, GROUPS I, II, III, IVa, TERRITORIAL AND FOREIGN; NATIVE AND ALIEN ON OTHER THAN PER ANNUM BASIS Wages	072	-	-	STEVEDORING (not applicable to Medical Department)			0837	Supplies, Materials and Parts, Maintenance of Non-structural Improvements
017	012	0102	PERSONAL SERVICES, CONTRACT EMPLOYERS (none unless specifically authorized)	073	-	-	CONTRACTUAL STORAGE, HANDLING, PROCESSING AND/OR PACKING OF NAVY STORES AND MATERIALS, including household effects of naval and civilian personnel			0840	Supplies, Materials and Parts, Repair of Equipment
018	-	-	PERSONAL SERVICES, MILITARY PAY AND ALLOWANCES (not applicable to Medical Department)	079	-	-	OTHER CONTRACTUAL SERVICES (Analyze by following four digit symbols and applicable titles)			0842	Supplies, Materials and Parts, Maintenance of Grounds, Roads and Walks
019	-	-	ALL OTHER PERSONAL SERVICES (Analyze by following four digit symbols and applicable titles)	0791	071	-	HOSPITAL AND CLINICAL SERVICES	0895	084	0816	LAUNDRY SUPPLIES
0191	013	-	FEES FOR PROFESSIONAL SERVICES			0704	Special examinations and treatments at non-naval facilities	0896	084	0826	COMMISSARY SUPPLIES
0192	014	0104	Fee for Civilian Physicians, Surgeons, Dentists and Nurses	0792	072	-	Hospitalization in non-naval hospitals	0897	-	-	SPECIAL SUPPLIES FOR RESEARCH PROJECTS
		0103	OTHER FEE SERVICES			0705	Repair and adjustment, orthopedic and prosthetic appliances	0898	084	0818	TRANSPORTATION SUPPLIES, MATERIALS AND PARTS (other than petroleum products)
		0103	Fee for Copies of Death Certificates and Other Documents	0793	073	-	DENTAL SERVICE	0899	086	0815	PROVISIONS (including special diet items)
		0103	Fee for Tree Surgeons			0750	Special examinations and treatments at non-naval hospitals				OBJECT 09 - EQUIPMENT
		0157	Fee for Lecturers and Consultants at National Naval Medical Center	0794	074	-	BURIAL EXPENSE	091	096	0965	FURNITURE AND FURNISHINGS FOR OFFICERS QUARTERS
0193	011	0709	Services of Blood Donors			0735	Repair services, caskets	092	095	0960	OFFICE EQUIPMENT
		0101a	STIPEND, CADET NURSES			0736	MAINTENANCE AND REPAIR SERVICES, GENERAL	093	096	0965	OTHER FURNITURE, FURNISHINGS AND FIXTURES
		-	Salaries			0737	Repair and maintenance service, buildings	094	094	0968	TRANSPORTATION EQUIPMENT
		-				0740	Repair and maintenance service, utility systems	095	094	0966	STORES HANDLING EQUIPMENT
		-				0742	Repair services, equipment	099	-	-	ALL OTHER EQUIPMENT (Analyze by following four digit symbols and applicable titles)
		-				0743	Maintenance and repair services, grounds, roads and walks				OBJECT 10 - LAND AND STRUCTURES
020	021	0217	TRAVEL (Cadet Nurses only under Medical Department)			0753	Waste removal service	0991	091	-	MEDICAL AND SURGICAL EQUIPMENT
	022	0217a	Civil employees	0795	074	0716	Repair and maintenance services, cemeteries and graves			0960	Hospital, Medical and Surgical Equipment
		-	Cadet Nurses	0796	074	-	LAUNDRY SERVICE	0961	094	0962	Occupational Therapy Equipment
		-		0797	076	-	SUBSISTENCE SERVICE	0974	094	0979	Field Equipment
		-				0757	RESEARCH PROJECTS AND SERVICES	0992	092	0964	DENTAL EQUIPMENT
030	031	0351	ALL TRANSPORTATION OF THINGS (Report under 0301 or 0302)			0718	Hygienic Investigation	0993	093	0973	MORTUARY EQUIPMENT
0301	-	-	TRANSPORTATION OF REMAINS	0798	074	0757	MAINTENANCE AND REPAIR SERVICES, TRANSPORTATION EQUIPMENT	0994	094	-	MAINTENANCE MACHINERY AND EQUIPMENT, GENERAL
0302	032	-	TOLLS AND FERRAGES (Vehicle and driver only)	0799	075	-	SPECIAL INSTRUCTION			0966	Maintenance Equipment, Machinery and Apparatus
		0354	Tolls, Ferrage and Drayage							0969	Fire Protection Equipment
		0358	Drayage, (not chargeable to Medical Department appropriation)							0971	Equipment for Maintenance of Grounds
		-	Tolls and Ferrages for vehicles	081	084	-	PETROLEUM PRODUCTS			0979	Sundry Equipment
		-					Include hereunder all petroleum products, except fuel oil, previously included under the various maintenance subobjects.	0995	094	0970	LAUNDRY EQUIPMENT
040	041	0435	COMMUNICATION SERVICES (only when specifically authorized)	0811	084	-	FUEL OIL	0996	094	0962	COMMISSARY EQUIPMENT
		-	Telephone Service (Naval Hospital, Sampson, N.Y. only)	082	084	0820	COAL	0997	-	-	SPECIAL EQUIPMENT FOR RESEARCH
		-		083	085	0811	OFFICE SUPPLIES			0979	Sundry Equipment
051	-	-	RENT OF LAND AND BUILDINGS (not applicable to Medical Department)	084	-	-	CLOTHING AND CLOTHING SUPPLIES (except burial clothing) (not applicable to Medical Department)	0998	094	0972	TECHNICAL AND REFERENCE BOOKS
052	-	-	RENT OF EQUIPMENT	089	-	-	ALL OTHER SUPPLIES AND MATERIALS (Analyze by following four digit symbols and applicable titles)				OBJECT 10 - LAND AND STRUCTURES
	051	0525	Rental Charges			0806	MEDICAL AND SURGICAL SUPPLIES	101	101	1081	LAND
053	052	-	Rental of Equipment	0891	081	-	Drugs, Chemicals and Biologicals	102	102	1082	NON-STRUCTURAL IMPROVEMENTS
		-	UTILITY SERVICES SEPARATELY PROCURED (Analyze by following four digit symbols and applicable titles)			0807	Surgical Supplies	103	103	1083	Utility Systems
0531	-	0521	GAS SERVICE			0808	Special Department Supplies	103	104	1080	BUILDINGS
0532	-	0523	ELECTRIC LIGHT AND POWER SERVICE			0809	Occupational Therapy Supplies	104	105	1084	FIXED EQUIPMENT (Items permanently installed in buildings such as elevators, plumbing, fire alarm systems, heating or refrigerating systems, etc.)
0533	-	0524	STEAM AND HEATING SERVICE			0810	Orthopedic and Prosthetic Appliances				(DELETED)
0534	-	-	WATER SERVICE	0892	082	0810	Field Supplies				
054	-	-	RENT OF REMEDIOUS (not applicable to Medical Department)	0893	083	0852	DENTAL SUPPLIES	106	-	-	
059	-	-	ALL OTHER RENTS AND UTILITY SERVICES				MORTUARY SUPPLIES (including Caskets and Burial Clothing)				

BuMed Circular Letter No. 45-181

9 July 1945

To: All Ships and Stations

Subj: Psychoneurotic Patients, Revision of Policy Regarding Disposition of.

Ref: (a) BuMed Cir Ltr No. 42-127, 29 Dec 1942.
(b) BuPers - BuMed joint Cir Ltr 45-108, 30 Apr 1945.

1. Reference (a), which was addressed to the commanding officers of all naval hospitals within the United States, is hereby canceled. The policy of the Bureau, however, as expressed therein to the effect that, in general, patients presenting a definite diagnosis of epilepsy, constitutional psychopathic state (personality disorder), central nervous system syphilis, psychosis, or psychoneurosis should not be returned to active duty, is hereby reaffirmed except as stated below.

2. The above outlined policy is hereby modified insofar as it is applicable to personnel disabled by reason of a psychoneurosis. From current experience it has become evident that personnel, particularly those who have been exposed to combat or operational conditions, may develop psychoneuroses which are neither permanent nor totally disabling. Many of this group of personnel can be returned to duty, or to a limited-duty status with a view to further rehabilitation.

3. In view of the above it is desired that in evaluating the fitness of subject patients for further service, medical officers give due consideration to the foregoing and that boards of medical survey make appropriate recommendations for return to duty or to a limited-duty status whenever such disposition seems warranted.

4. This does not modify the provisions of reference (b), which set forth the policy regarding disposition of partially disabled enlisted men of the naval service.-- ROSS T McINTIRE

BuMed Circular Letter No. 45-182

10 July 1945

To: NavHosps (authorized to provide maternity care of ex-service women).

Subj: Ration Record, NAVMED-HF-36.

Ref: (a) SecNav Ltr Pers-170-EAN dtd 15 Jun 1945 (N.D. Bull. 15 Jun 1945, 45-612).
(b) BuMed Cir Ltr No. 44-91, 22 May 1944.

1. All maternity cases admitted to naval hospitals or naval special hospitals under the authority of ref (a) shall be reported on line 78 of the subject report, as "Maternity Cases - Ex-service personnel". An analysis of this line shall be made under "Remarks", indicating separately the specific number of days, applicable to those members of the Women's Reserves of the Naval Reserve, Marine Corps Reserve, Coast Guard Reserve and Navy Nurse Corps and Nurse Corps, Naval Reserve.

2. In accordance with the instructions contained in ref (a), charges for subsistence shall be collected locally at the rate specified in the annual Naval Appropriation Act. Funds so collected shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy" prior to the close of business on the last day of each month. Detailed financial data, applicable to these patients shall be reported on line 12 of Section G of the subject report.

3. Detailed reports of hospitalization are not required.-- ROSS T McINTIRE

BuMed Circular Letter No. 45-188

19 July 1945

To: NavHosps and NavSpHosps

Subj: Checkage for Meals Furnished Civilians in the Commissary Service.

1. The question of subsistence deductions on lump sum payments covering terminal leave of commissary employees, has arisen.

2. For the information of field activities, the following is quoted from a recent letter from the Secretary's office to BuMed: "in accordance with section 5-31 of NCPI 225, the annual rate for subsistence for the subject employees is on the basis of the complete aggregate cost of three meals a day for eleven months; therefore, as leave was taken into consideration when the charge for subsistence for commissary employees was computed, they should be checked for such subsistence when given lump sum payment for annual leave." -- W J C AGNEW

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45-206

BuMed Circular Letter No. 45-206

8 August 1945

To: All Ships and Stations

Subj: Mechanical Resuscitators and Inhalators, Transfer to BuMed Cognizance

Ref: (a) OpNav Ltr Op-23-2-MM, serial 281223, 6-27-31, of July 1945; N. D. Bull of 15 July 1945, Item No. 45-797.

1. In accordance with reference (a), apparatus for the treatment of asphyxia known generally as inhalators, pulmotors, or resuscitators come under the cognizance of the Bureau of Medicine and Surgery.
2. Any of the above equipment carried under the cognizance of any other bureau will be transferred to the cognizance of the Medical Department, as stated in paragraph 3, of reference (a). Immediately upon receipt of this equipment of Medical Department shall prepare a list indicating the quantity, type, condition, manufacturer, model number, and type and quantity of gas and cylinders which will be required for the next 12 months. This report shall be forwarded direct to Chief, Materiel Division, Bureau of Medicine and Surgery, U. S. Naval Medical Supply Depot, Brooklyn 1, New York, by air mail.
3. Stock No. S6-838 resuscitator, portable (complete with carrying case), which has been tentatively approved as meeting Navy requirements, has been added to the Supply Catalog for the Medical Department, and shall be requested whenever mechanical resuscitators are considered essential. It should be borne in mind that manual methods of artificial respiration are still the methods of choice, although there are occasions in naval operations where the application of manual methods is not feasible.
4. Resuscitators and supplies for their maintenance and use shall be requested from naval medical supply depots, on NavMed-4. Each requisition for resuscitators shall be accompanied with a certification by the requisitioning activity that trained personnel are available to operate the apparatus and the presence or probable presence of operational circumstances at the activity which would make application of manual methods of resuscitation impracticable. Attention is invited to the fact that Stock No. S6-838 resuscitator will not replace the inhalator-type apparatus, Stock No. S6-590, now supplied by BuMed in commissioning allowances. -- W J C AGNEW

BuMed Circular Letter No. 45-211

27 August 1945

To: All Ships and Stations

Subj: Object and Subobject Classification of Medical Department Appropriation Estimates, Obligations and Expenditures.

Ref: (a) BuMed Cir Ltr No. 45-178.

1. Paragraph 6 of reference (a) is hereby amended to include the following corrections, which shall be made upon receipt of this letter:

<u>Subobject Symbol and Title</u>	<u>Correction to be made</u>
0302--Tolls and Ferriages	Change BuSandA Manual reference from 940-50(6) to 940-50.
0796--Subsistence Service	Between "ship" and "from" in second line insert: "and at stations other than naval hospitals".
0894--Maintenance Supplies, Materials and Parts	Insert comma after "Parts" in the title and add: "General".
093--Other Furniture, Furnishings and Equipment	Delete the last two lines of the last paragraph and substitute: "major additions thereto and major replacements thereof shall be reported under 104, Fixed Equipment. Minor additions and minor replacements shall be reported under 0894, Maintenance Supplies, Materials and Parts, General, when procured for installation by hospital or depot maintenance force; under 0794, Maintenance and Repair Services, General, when accomplished as an incidental part of maintenance and repair projects being accomplished by contract, by a Naval or Marine Corps activity or by another government agency."

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0994--Maintenance Machinery and Equipment, General

Item 2, Fire Protection Equipment, change last paragraph to read: "Initial outfits, additional items and major replacements of fire hose, hand extinguishers, fire hooks, axes, nozzles, etc., are properly chargeable to this subobject; minor replacements to 0894".

104--Fixed Equipment

First paragraph--Between "awnings" and "screens" insert: "window shades, Venetian Blinds". In first line of second paragraph change "are" to "is".

109--All other Land and Structures

After 104--Fixed Equipment, add: "109--All Other Land and Structures".

-- ROSS T McINTIRE

BuMed Circular Letter No. 45-215

4 September 1945

To: NavHosps (All Types), NavTraSta and NavTraCens, NavConstTraCens, and NavRecSta, Ships, and Barracks.

Subj: Policy on Publicity Regarding Neuropsychiatry.

Ref: (a) Joint Security Control Memorandum JSC/B1 Serial 494, 28 Apr 1944.

(b) BuMed Cir Ltr No. 44-101, 3 Jun 1944.

(c) Joint Security Control Memorandum JSC/B25 Serial 876, 23 Aug 1945.

1. In accordance with ref (c), refs (a) and (b) are hereby rescinded and the following policy promulgated by the Joint Security Control Board (ref (c)) is brought to the attention of all medical officers concerned:

"Information regarding neuropsychiatry will be divided into the following classes:

a. Classified

- (1) Statistics on incidence (percentages and rates) of neuropsychiatric casualties in an active theater.
- (2) Strength and location of military organizations in an active theater.

b. Unclassified

- (1) Statistics on incidence (percentages and rates) of neuropsychiatric casualties in all inactive theaters.
- (2) Statistics on incidence and discharge of neuropsychiatric cases in the Zone of the Interior.
- (3) Statements of percentages of men salvaged or returned to duty in the Zone of the Interior.
- (4) Carefully prepared motion pictures and photographs of neuropsychiatric activities. In some instances identifiable photographs of patients may be taken and patients may be interviewed and identified by name in narrative text, provided that:
 - (a) Pictures are taken under Army or Navy supervision, as appropriate.
 - (b) There is no violation of medical ethics or personal privacy.
 - (c) The permission of the patient and the Commanding Officer is obtained. The patient's willingness shall not be a determining factor in granting an interview, permitting himself to be identified by name or permitting himself to be photographed, if the Commanding Officer, on the basis of the recommendation of the patient's physician, feels that the patient's health, the progress of his treatment, or the prospect of recovery will be endangered.

For Joint Security Control:

J. K. COCKRELL
Colonel, Cav.
Army Executive

L. E. GUNTHER
Captain, USN
Navy Executive

W. V. BROWN
Colonel, AC
Air Executive

-- ROSS T McINTIRE

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BuMed Circular Letter No. 45-219

7 September 1945

45-219

To: AlNavStas and MarCorps Activities (Continental)

Subj: Obligating Documents

Ref: (a) SecNav ltr 16-2 (23)/ND/FDA/ELJ, 24 Jul 1945.

1. Ref. (d) directs contracting officers to distribute copies of all contractual documents which originate, and are to be paid, in the continental United States, to the appropriate Central Navy Disbursing Office and the Bureau having cognizance of the appropriation to be charged. The contractual documents referred to therein are to be considered "legal obligations" by contracting officers, Central Navy Disbursing Officers, and the cognizant Bureaus for the purposes of the Revised Disbursing Accounting plan promulgated as NavSanda Publication No. 46 on 9 June 1945.

2. The contractual documents applicable to the Medical Department which are to be classified as "legal obligations" are:

(a) All formal contracts which require delivery of a specific quantity of a specific item (or items) at a specified or determinable future date at a specified price, and letters of modification thereto. This item does not include open-end or running term contracts which are covered in subpar (d).

(b) Purchase orders numbered in the regular contract series, and letters of modification thereto. Purchase orders for any Medical Department activity which are not numbered in the regular contract series shall be treated as "non-legal obligations" and, therefore, are not subject to the procedures outlined in ref (a).

(c) All Bureau orders on other government departments, and letters of modification thereto. This item includes only those orders placed through the Bureau and does not include those minor transactions, covering either material or services, which are consummated entirely in the field by field representatives of the Navy Department and other government departments, and for which an official order is not placed by the Bureau of Supplies and Accounts.

(d) Open-end or running term contracts for purchase of medical stores for continental Naval Medical Supply Depots, but only when formal orders in the amount of \$500 or more are to be placed periodically for deliveries over extended periods of time. All other open-end or running term contracts under the appropriations under the cognizance of this Bureau, including contracts for utility services, laundry service, care of the dead, maintenance service or subsistence service, will be treated as non-legal obligations.

3. Purchase requisitions originating in the Naval Medical Supply Depots within the continental limits of the United States for the purchase of medical stores and which will result in open-end or running term contracts constituting "legal obligations" as defined in par. 2(d) above, shall be inscribed with the following statement by the originating depot:

"Copies of contracts, and orders issued thereunder, entered into by authority of this requisition shall be distributed to the Central Navy Disbursing Office designated to pay public vouchers thereunder and to the Fiscal Director, Bureau of Medicine and Surgery, Building 10, Room 22, Potomac Annex, Navy Department, Washington, D. C."

--ROSS T MCINTIRE

BuMed Circular Letter No. 45-220

7 September 1945

To: Comdts, NDs (except 10, 14, 15 & 17).

Subj: BuMed Property; removal of from Naval Vessels.

Ref: (a) CNO ltr, Serial 95805-G, dtd 30 Aug 1945.

(b) BuMed Instructions for Redistribution and Disposal of Surplus Property (Revised 25 February 1945).

(c) ComInCh U. S. Fleet Tentative Organization Plan and General Instructions for Fleet Vessels in inactive status, dtd 1 May 1945.

1. In order to remove expeditiously BuMed Property from vessels, the following plan shall be put into force immediately and shall be executed in accordance with instructions contained in refs (a) and (b).

a. Upon receipt of this letter all addressees shall organize medical supply clearance teams, headed by experienced Medical Department officers from within the district. Personnel attached to Naval Medical Supply activities will not be detailed to this duty. These teams will be responsible for clearing promptly all excess BuMed property from ships arriving in port. The clearance of BuMed property is the responsibility of the assigned team and not of the ship.

b. The addressees shall appoint deputies in ports distant from District Headquarters to represent him in the execution of this plan. Each deputy will organize necessary medical supply clearance teams for his area.

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c. Upon arrival of a ship having BuMed property to dispose of, a clearance team will report aboard to the Commanding Officer. Inventory of property will be prepared on NavSandA Form 127 in quintuplicate, listing all items of supplies and equipment. Ships force shall prepare inventory but clearance teams will assist in any way possible. The Officer-in-Charge of the team shall physically inspect items and shall determine:

(1) What equipment because of damage or use should be delivered to nearest Naval salvage and scrap yard for sale as salvage or scrap.

(2) What supplies should be destroyed because of deterioration.

(3) What property should be shipped to the nearest Naval Medical Supply Storehouse and Medical Supply Depot. Opened bottles or broken unit packages of expendable supplies will not be inventoried but will be sent to the nearest local naval medical activity for use.

(4) Upon execution of determinations and removal of property from ship, the officer-in-charge of clearance team shall receipt the inventory, deliver two copies to Medical Officer of the ship, retain one copy for DMO files, and forward original and one copy to receiving activity, accompanied by bill of lading or dray receipt. Property covered by NavSandA 127 will be accounted for in the ledgers and journal of Receipts and Expenditures as a Transfer Voucher Issued.

(a) Attention is invited to the fact that these instructions do not apply to BuShips property which may be contained or installed in Medical Spaces.

(5) The Officer in Charge of the Clearance Team shall delete in red pencil from the inventory sheets and note by letter "S" all items which had been delivered to Salvage and Scrap Yard, by letter "D" all items of drugs which had been destroyed, and by letter "X" all items listed on survey report. This Officer shall have additional duty as Survey Officer, and shall prepare survey reports on equipment determined to be unfit, because of use or damage, for return to a Medical Supply facility as usable property. Survey reports shall be prepared on S&A Form 154 and in accordance with existing instructions of the Manual of the Medical Department, and shall be forwarded to BuMed., MatDiv., Sands & Pearl Sts., Brooklyn, N. Y., for action. If necessary for final clearance of the vessel, such property may be transferred to the nearest available storage facility, other than a medical supply activity, for retention pending disposal instructions. Information copy of all such transfers shall be submitted immediately to BuMed., MatDiv.

(6) All arrangements for trucks, transportation, and shipping shall be made by the clearance teams. The Ship's force shall be responsible for the physical handling of excess property from ship to dockside.

(7) Upon receipt of property the Naval Medical Supply Storehouse or Medical Supply Depot shall check shipment and further screen for material condition. All property which has sales value as salvage or scrap only shall be transferred to local authorized sales officer for sale as such on NavSandA Form 127. All items which have been declared Bureau surplus shall be held until a sufficient amount has accumulated, at which time the concerned receiving stores activity shall report such surplus on SPB-Form 1 to Materiel Division for disposition.

(8) All stock which is not Bureau surplus and is in "Fit-for-issue" condition, shall be transferred from "return stores" to "stock" by a "Disposition of Returned Stores" form. Listing of each item is not necessary on the "Disposition of Return Stores" form, they may be reported as follows: Items 1 to 50, etc., inclusive to stock or dispose of otherwise as indicated, supporting this form with (3) copies of NavSandA 127, copy of survey or manufacturing voucher where indicated.

2. BuMed (Materiel Division) shall inform all Naval Medical Supply activities of what items have been declared Surplus to the requirements of BuMed and shall inform the concerned activities when additional items are declared to be BuMed surplus. All X items and non-standard items shall be considered as BuMed surplus and shall be reported as outlined in par. 1.7, except that no narcotics shall be disposed of locally but shall be shipped as instructed by ref (b).

3. For purposes of this plan the word "property" means all supplies and equipment under the cognizance of BuMed. Any previously issued instructions contrary to this letter are hereby canceled.

4. Nothing in this letter refers to standard allowances of supplies and equipment to be maintained aboard vessels in accordance with ref (c). -- ROSS T MCINTIRE

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BuMed Circular Letter No. 45-224

44-224

11 September 1945

To: All Ships and Stations

Subj: Disinsectization of Surface Craft.

Ref: (a) BuMed Cir Ltr No. 43-14, 21 Jan 1943.

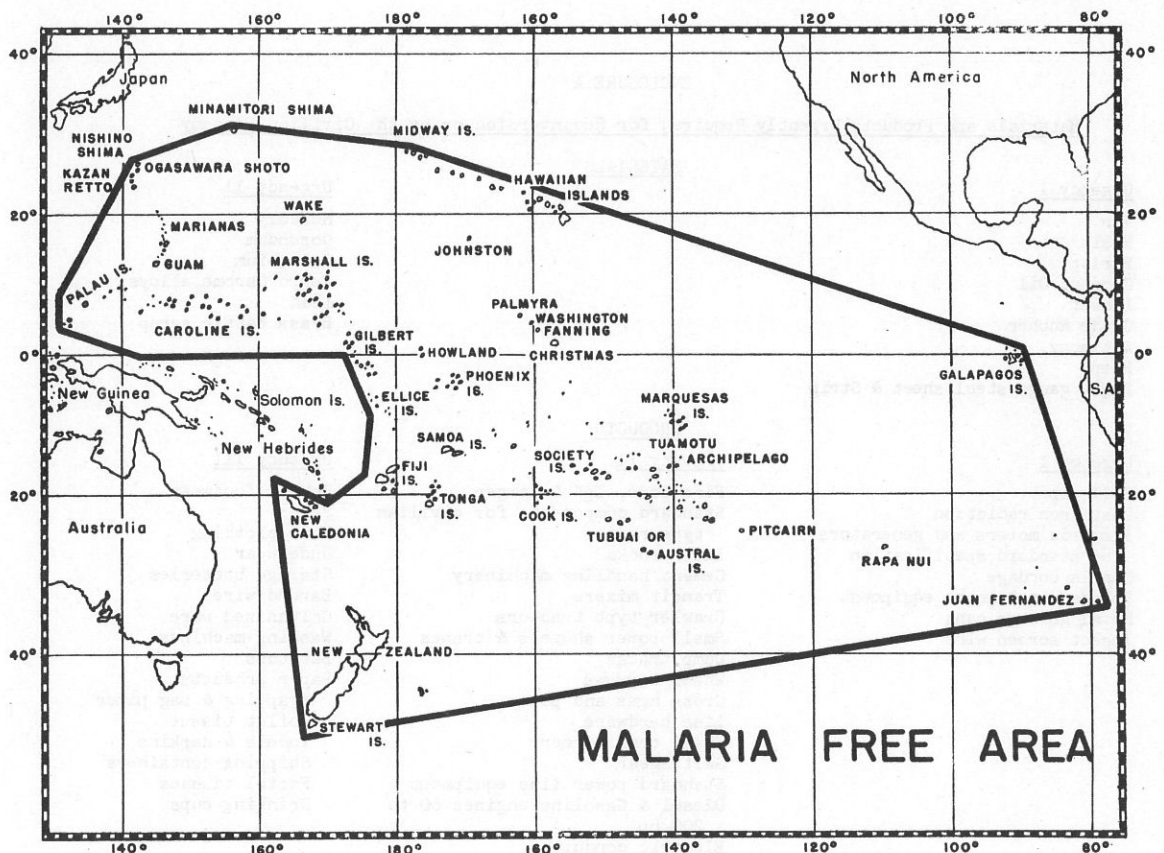
Encl: A. Malaria-Free Area.

1. Reference (a) is hereby canceled, and the enclosure reprinted herewith.

2. Many serious implanations of exotic insects, particularly of mosquitoes capable of transmitting malaria have resulted from the carriage of insects by surface craft from infested places to places formerly free of such insects. It is directed, therefore, that when surface vessels under the authority of the Navy Department depart from an anchorage less than one mile from a shore where malaria is epidemic or epidemic, and approach an area free of malaria and anchor within one mile of the shore, the medical officer or the senior pharmacist's mate shall assure himself (1) that the vessel is free of mosquitoes; (2) that there are no collections of water present which may breed mosquitoes. Failing these conditions he shall recommend to the commanding officer practicable methods of disinsectization. In judging the need for disinsectization it should be kept in mind that wind action will frequently rid well-ventilated compartments of mosquitoes.

3. Vessels departing from North or South America are exempt from this directive unless evidence indicates the presence of unusual numbers of mosquitoes. In any case, all possible breeding places on board must be eliminated.-- ROSS T McINTIRE

ENCLOSURE A



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4 October 1945

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To: AlNavStas

Subj: Declaration as Navy Surplus of Materials and Products Required for Reconversion and by the Civilian Economy.

Ref: (a) CNO ltr Serial 680-07 dtd 13 Sept 1945 with SecNav End-1, dtd 13 Sep 1945.
(b) BuMed Instructions for Redistribution and Disposal of Surplus Property (Rev. 25 Feb 1945).

Encl: A. List of Materials and Products Urgently required for reconversion or by the Civilian Economy.

1. In compliance with reference (a), reference (b) is hereby modified in that any of the items listed on enclosure one, which are in excess of "reasonable short-term future needs", shall be immediately declared as activity excess to BuMed (Materiel Division) on Forms SWPA-1 or SPB-1 in quadruplicate. Property declared shall be earmarked as surplus and shall not be used, issued, or otherwise disposed of without a specific directive from BuMed (MatDiv), disposal office, or agency.

2. Paragraph 3 of reference (a) is herewith quoted for information and guidance. "As used herein, reasonable short-term future needs' shall consist of the quantities of material or equipment required to preclude the necessity of initiating procurement within a period of 6 months immediately following the date of determining such needs. Stated differently, 'reasonable short-term future needs' consist of estimated requirements for use or issue during an immediately subsequent period extending for 6 months beyond the procurement lead period for the item involved. In general, quantities of materials and products listed in Enclosure A which are on hand in excess of 'reasonable short-term future needs', as defined above, shall be promptly declared excess. Exceptional cases of items for which retention of quantities in excess of such needs appears justified shall, in every instance, be referred to the CNO for approval. In estimating 'reasonable short-term future needs', it is particularly important that consideration be given to changes in procurement lead-time and to the effect on procurement lead-time of varying quantities of procurement.

-- ROSS T McINTIRE

ENCLOSURE A

Materials and Products Urgently Required for Reconversion or by the Civilian EconomyMATERIALSUrgency 1

Tin
Rosin
Burlap
Coconut Oil
Lumber
Crude Rubber
Antimony
Hemp
Light gauge steel sheet & Strip

Urgency 11

Mercury
Corundum
Columbium
Ferro Chrome alloys
Lead
Brass battle scrap

PRODUCTSUrgency 1

Soil pipe
Cast iron radiation
Electric motors and generators
of standard specification
Manila cordage
Standard telephone equipment
Metal garbage cans
Insect screen wire

Urgency 11

Fire hose, 1½" & larger
Standard components for civilian
type radios
Lift trucks
Cement handling machinery
Transit mixers
Crawler type tractors
Small power shovels & cranes
Dump trucks
Wheel barrows
Cross arms and poles
Line hardware
Small transformers
Switchgear
Standard power line equipment
Diesel & Gasoline engines 60 to
200 hp
Electric conduit

Urgency 111

Rubber footwear
Shoes
Work clothing
Underwear
Storage batteries
Barbed wire
Galvanized ware
Washing machines
Bathtubs
Paper products
Wrapping & bag paper
Toilet tissue
Towels & napkins
Shipping containers
Facial tissues
Drinking cups

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JOINT LETTER -- BuMed - BuPers

10 October 1945

BuMed Circular Letter No. 45-250.

To: Comdts, NDs (except 10, 14, 15, 16 and 17) and NavHosps, continental.

Subj: Disposition of officers in naval hospitals who have been detached from their stations of duty and are fit for duty.

Ref: (a) AlNav 54-45.

1. Officers who have been detached from their permanent duty station in accordance with the provisions of reference (a) and transferred to a U. S. Naval Hospital for treatment and who are found to be fit for duty but not in need of report by a Board of Medical Survey may be transferred to the district commandant or the senior officer present of local activities for temporary duty pending receipt of orders from the Bureau of Naval Personnel.

2. When officers are transferred in accordance with the foregoing, commanding officers of naval hospitals will forward the following information to the Bureau of Naval Personnel in requesting orders:

- (a) Whether a report of medical survey has been or will be submitted.
- (b) The station to which the officer is transferred for temporary duty.
- (c) The number of points the officer has for release under current formula.
- (d) Whether the officer desires delay in demobilization when his critical point score is attained.

-- ROSS T McINTIRE

-- WILLIAM M FECHTELER

BuMed Circular Letter No. 45-256

16 October 1945

To: AlNavStas

Subj: Dependents of Discharged Personnel, Care and Hospitalization of.

1. A considerable number of complaints have been received in regard to hardships imposed upon dependents, especially maternity cases, due to discharge of husband and inability to obtain adequate civilian medical and hospital service on short notice.

2. Although Navy Regulations, Article 1185, and the Act of 10 May 1943 provide for the furnishing of naval medical and hospital care to dependents of officers and enlisted men, including those transferred to the Fleet Reserve after 16 or 20 years of naval service and those on the retired list, naval laws and regulations do not include such provisions for persons or the dependents of persons who are no longer members of the naval service by reason of resignation or discharge or who being members of the Naval Reserve (other than as above specified) have been released to inactive duty.

3. A specific act of Congress, the so-called Emergency Maternity and Infant Care Program of the Department of Labor, provides at Government expense for the maternity and infant care of the wives and infants of enlisted personnel of the armed services in the four lower enlisted pay grades. Where the wives or infants of such personnel of the Navy, Marine Corps or Coast Guard were receiving naval medical or hospital care under the sponsorship of and at the expense of the EMIC Program prior to the discharge of the husband from the service such naval medical care and hospitalization may be continued throughout the maternity and post-natal period subsequent to the discharge from the service of the husband as it is clear that such is the intent of Congress under the act which authorized this Program.

4. In addition to the above, prospective mothers not under the EMIC Program may be afforded continued outpatient prenatal medical care or hospitalization when in the opinion of the medical officer undue hardship would result from refusal of such medical care, provided that the continuation of outpatient treatment or admission for hospitalization under this authority shall in no instance be beyond a date later than 30 days after discharge of the father from the Naval Service. Admissions under this paragraph will be classified as humanitarian, non-indigent.

5. All dependents of Navy, Coast Guard and Marine Corps personnel now under treatment and those who apply for naval medical care shall be informed of the facts as stated in paragraphs 2 and 3.-- ROSS T McINTIRE

RESTRICTED

BuMed Circular Letter No. 45-260

25 October 1945

To: Comdts, NDs (except 10 and 17), RivComs, and CNATC's

Subj: Maternity Care in Naval Hospitals and Dispensaries for Members of the Women's Reserves of the Naval Reserve, the Marine Corps Reserve and the Coast Guard Reserve, and members of the Navy Nurse Corps and the Nurse Corps, Naval Reserve, who have been Discharged or Separated from the Service Because of Pregnancy.

Ref: (a) SecNav Cir Ltr (N.D. Bull., Item 45-612).

1. Attention is hereby directed to par 1 of ref (a). This states that maternity care may be furnished to subject named personnel at any naval hospital or dispensary where suitable facilities are available. Encl 1 of ref (a) listed certain hospitals and dispensaries available. This did not exclude other facilities which may now be available or which may become available due to future conversion or construction.

2. In areas where naval dependents are cared for by Naval Medical Officers in civilian hospitals, subject named personnel shall be eligible for similar care. In such hospitals the charge to the individual would be at the same rate as paid by dependents.-- ROSS T McINTIRE

BuMed Circular Letter No. 45-276

29 November 1945

To: NavHosps (All Types Continental)

Subj: Central Registry of Personnel Experienced in Rehabilitation of the Handicapped.

1. It is requested that the following be brought to the attention of officers and enlisted personnel in your command:

(a) The National Society For Crippled Children and Adults, Inc. has informed the Bureau of the establishment of a central clearing house for the registration of members of the Armed Services who have had in-service training or experience in various aspects of rehabilitation of the physically handicapped, and who may wish to engage in the same type of activity after their return to civil life.

(b) The Bureau is informed that the objective of the registry is to locate persons who are qualified and skilled in restorative work for the handicapped and assist in placement in appropriate work. It is stated that persons who register will be given the opportunity to present personal history statements to the Society for review, classification and investigation, and that the registrant must authorize the Society to check references in order to secure personal evaluations, and referral of their personal history statements to bona fide prospective employers. The Society has stated that there are no charges either to the registrant or to the prospective employer for this service. The address is as follows:

The National Society For Crippled Children and Adults, Inc.,
Suite 1015
11 South LaSalle
Chicago 3, Illinois

--ROSS T McINTIRE

RESTRICTED

46-5

JOINT LETTER -- BuMed - BuPers - MarCorps

8 January 1946

BuMed Circular Letter No. 46-5

To: All Ships and Stations

Subj: Indoctrination of Personnel in Venereal Disease Control, Sex Hygiene, and Associated Problems.

Ref: (a) BuPers-BuMed joint ltr No. 41-10.
(b) General Order 225.
(c) Navy Regulations, Arts. 741, 843, 1134, 1319(2).

1. Welfare and health conditions in Pacific and far eastern areas are such as to necessitate immediate intensification and continued attention to environmental, health, and venereal disease control measures by all commands. In addition, largely as a result of a general social and psychological let-down coincident with the surrender of Japan, circumstances predisposing to disciplinary problems and venereal disease infections have developed in the continental United States area. This latter situation has been aggravated by personnel who have been returned from overseas assignments without adequate indoctrination as to recreational and venereal disease conditions.

2. In order to meet these circumstances, it is directed:

(a) That all personnel on overseas duty be fully informed of environmental, recreational, sanitation, and health (including venereal disease) conditions prior to making liberty.

(b) That all personnel scheduled for overseas service receive complete basic training and repeated indoctrination in matters of personal hygiene, health, and liberty discipline.

(c) That all personnel returning from overseas duty receive "refresher" indoctrination in matters of venereal disease and be fully informed as to recreational and health conditions prior to disembarkation.

3. Responsibility for carrying out the foregoing and for compliance with stated Navy policy and obligations (references (a) and (b) is that of commanding officers (reference (c)). Attention is directed to the fact that these responsibilities are applicable to all areas occupied by U. S. naval forces as well as to the United States and its Territories and possessions.

4. The commandant of the Marine Corps, the Chief of the Bureau of Naval Personnel, and the Chief of the Bureau of Medicine and Surgery will provide the technical direction, assistance, and educational materials and facilities as necessary. -- ROSS T MCINTIRE -- W M FECHTELER -- A A VANDEGRIFT

Approved: H STRUVE HENSEL, Acting Secretary of the Navy.

BuMed Circular Letter No. 46-10

11 January 1946

To: AlNavStas (Continental)

Subj: Preparation of "Obligation Adjustment Notices" for adjustment of obligations charged to appropriations under cognizance of the Bureau of Medicine and Surgery.

Ref: (a) Fiscal Director's ltr EXOS(FD)FKW/LSB:dm of 14 Nov 1945.

1. Paragraph 2(e) of reference (a) provides that the fiscal director of each Bureau may delegate his responsibility for the preparation of certain "Obligation Adjustment Notices" to the contracting officers involved. Accordingly, the responsibility for the preparation of said notices to cover the adjustment of subject obligations in those instances outlined in paragraphs 2(e) and 3 of reference (a) is hereby delegated to the contracting officers concerned.

2. Attention is called to the last sentence of paragraph 2(e) of reference (a). -- ROSS T MCINTIRE

RESTRICTED

BuMed Circular Letter No. 46-11

14 January 1946

To: All Ships and Stations

Subj: Handbook of the Hospital Corps, U. S. Navy, 1939--Issuance of.

1. Any Medical Department activity having an excess of subject book may issue copies without charge to any member of the Medical Department.

2. Accounting procedures will be as follows:

(a) Naval and special hospitals.

1. Reclassify equipment as supplies by a debit to Account 13, Navy as a Whole, and a credit to Account 3, Equipment, with a concurrent debit to Expense Analysis Account E307/08. Then, debit Account 4, Stores, and credit Account 13, Navy as a Whole, with a concurrent credit to Expense Analysis Account E307/08. Reflect amounts in inventory adjustment column on Statement of Storeroom Inventory.
2. The issue of these books to individuals shall be made on NAVMED-R and a charge to Expense Analysis Account E101/03, Administration.

(b) Ships and stations.

1. Reclassify equipment as supplies by transferring the value of the books on NavSanda 127. Record the transfer value in equipment expenditure section of Journal of Receipts and Expenditures and post in the equipment ledger. Record the receipt in the supplies receipt section of the Journal of Receipts and Expenditures and post in the supplies ledger. The issue of these books to individuals shall be made on NAVMED-R.

-- ROSS T McINTIRE

BuMed Circular Letter No. 46-14

17 January 1946

To: All Stations (Continental)

Subj: Policy Relative to Mobile Prosthetic Dental Units; Procurement, Assignment, Personnel and Operation of.

1. The Bureau of Medicine and Surgery has acquired mobile prosthetic dental units similar in design to the mobile dental units (operative) now in use in most of the continental naval districts.

2. Administrative control of this type unit as may be required shall be vested in the Bureau of Medicine and Surgery. This authority shall extend to the assignment and transfer of mobile prosthetic dental units, the selection of types of apparatus and equipment to accessory equipment for these units, the training of officer personnel of the units, the supervision of the technical and professional quality of the prosthetic dental restorations, the establishment of itineraries between naval districts, and the control of other movements of these units.

3. The Bureau of Medicine and Surgery will approve specifications for such additional mobile prosthetic dental units and accessory equipment as may be required.

4. The Bureau of Medicine and Surgery will make recommendations to the Bureau of Naval Personnel for the assignment of suitable officer and enlisted personnel to the units, and for the issuance of travel orders to the operational personnel of the mobile units.

5. When requested, mobile prosthetic dental units will be ordered to report to district commandants for duty, if available. Immediately upon reporting to the naval district, the dental officer in charge of the unit shall consult with the district dental officer and determine the itinerary, copies of which will be forwarded to the Bureau of Medicine and Surgery and to all interested activities within the district. When inclusion of nearby stations in adjoining districts would result in saving of time and expense, such stations should be included in the itinerary subject to the approval of the district commandants concerned.

6. The Medical Department activity to which the unit is permanently assigned will be responsible for the cost of gasoline, oil, repairs, and upkeep. While in travel status, the dental officer in charge of the unit should be furnished with the necessary credit cards, forms and certificates for the procurement of necessary gasoline, oil, tire repairs, etc., for use in obtaining such items if they are not available at the stations visited.-- ROSS T McINTIRE

RESTRICTED

46-20

BuMed Circular Letter No. 46-20

18 January 1946

To: NavStas and MarCorpsStas having Medical Department Activities

Subj: BuMed Excess Property, Redistribution and Disposal of.

Ref: (a) BuMed Cir Ltr No. 45-279.
(b) Navy Property Redistribution and Disposal Regulation No. 1, of 15 Oct 1945.
(c) BuMed Cir Ltr No. 45-223.

Encl: A. Suggestions for Material Preservation.

1. Reference (a) is hereby canceled.
2. Reference (b) is authority for, and describes the manner of, disposition of excess property at naval activities within the continental United States. This letter supplements reference (b) but does not modify it.
3. U. S. NAVAL AND U. S. MARINE CORPS STATIONS OR ACTIVITIES REMAINING IN COMMISSION.

After a station or activity which is to remain in commission reports excess BuMed property, this property remains in custody of holding activity. It shall not be moved from the reporting activity, nor be used, or be otherwise disposed of, without prior authority of BuMed Materiel Division, Sands and Pearl Sts., Brooklyn 1, N. Y., or of the Navy Material Redistribution and Disposal Administration, Material Redistribution and Disposal Office, or Disposal Agency (Reconstruction Finance Corporation). If at the end of 90 days no known action has been taken on the report of excess property, BuMed Materiel Division (attention: Surplus Property Officer), will be so informed, referencing the SPB-1 form number and date. All reported property must be held by reporting activity until final action is completed, whether by redistribution, sale, surveyed for disposal as scrap or salvage, for abandonment, or for destruction.

4. U. S. NAVAL AND U. S. MARINE CORPS STATIONS OR ACTIVITIES REDUCED TO MAINTENANCE OR CARETAKER STATUS.

When a station or activity reverts to maintenance or caretaker status the following steps shall be taken:

- (a) Inventory all supplies and equipment.
- (b) Survey missing equipment and forward report to BuMed, Materiel Division, for approval.
- (c) Make necessary repairs and adjustments to installed and heavy equipment either by activity maintenance force or informal contract and purchase order through nearest Navy purchasing agency. All this equipment shall be protected against rust and other deterioration and left in place. Surveyed linen should be used as dust covers.
- (d) Survey as scrap or salvage to BuMed, Materiel Division, on Form NavSandA 154 all equipment which is obsolete or requires extensive repairs, listing each item and giving exact condition.
- (e) Transfer to a contiguous Navy, Army, or Veterans' Administration activity all broken lots or opened bottles and packages of supplies.
- (f) Dispose of dangerous drugs (ref c).
- (g) Ship to nearest naval medical supply depot or naval medical supply storehouse all dental gold; narcotics; other exempt items (see par. 606.6, ref. (b)); highly inflammable drugs; items subject to deterioration or freezing; and biologicals and X-ray films with an expiration date longer than 6 months beyond date of shipment. Transfer shall be effected in accordance with reference (b). Supplies with less than 6 months remaining potency date (as printed on the package) shall be transferred to a contiguous Navy, Army, or Veterans' Administration activity.
- (h) Report to BuMed, Materiel Division, on Form SPB-1 all property considered in excess of requirements of station at operating status.
- (i) Pack and case, after necessary preservation methods have been used, all remaining small items of stores and equipment and stow securely in medical spaces. Secure to outside lid of each case an inventory of the contents.
- (j) Retain in conspicuous place in SMO office inventory of all supplies and equipment left on hand. Forward to district medical officer original of inventory with letter of transmittal.

NOTE: The technical advice of the activity maintenance officer will be requested as to types of preservatives, dehumidifying agents, and rust preventives to be used in carrying out the provisions of subparagraphs 3(c) and 3(i) above. Preservatives, dehumidifying agents, and rust preventives will be obtained from the local maintenance officer and are a proper charge against the activity maintenance appropriation.

5. U. S. NAVAL AND U. S. MARINE CORPS STATIONS TO BE TOTALLY DECOMMISSIONED AND PREMISES VACATED.

When an activity is to be decommissioned and the occupied premises are to be ultimately vacated at a future indefinite date the following steps shall be taken:

- (a) Survey all missing equipment and forward report to BuMed, Materiel Division, for approval.
- (b) Dispose of dangerous drugs (ref (c)).

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(c) Report to BuMed, Materiel Division, on Form NavSandA 154 all property which, because of obsolescence or need of extensive repairs, is recommended for disposal as salvage or scrap.

(d) Report all BuMed property in "fit-for-issue condition" on Form SPB-1 to BuMed, Materiel Division, in sufficient time for orderly disposal by BuMed, Materiel Division. Care must be used to give complete description and exact condition on these reports which shall be submitted as soon as the decommissioning date is officially known.

(e) If all officers of the Medical Department are detached prior to final disposal of property, custody of property shall be transferred to commanding officer or officer in charge of the station. This officer should request from the district commandant the retention of sufficient experienced Hospital Corps petty officers to assist in disposal of residual property.

When naval activities which are to be decommissioned are in leased spaces and property must be entirely vacated by an assigned deadline the following steps shall be taken:

(1) Carry out directions of paragraph 4(a), 4(b), 4(c), and 4(d) of this letter. Dates of availability of property and date on which activity must be cleared shall be given on Form SPB-1 or letter of transmittal. These reports shall be forwarded as early as possible to insure orderly disposal.

(2) Fourteen days prior to date on which premises must be vacated by the Navy all property on which no disposal action has been directed shall be packed properly and shipped to the nearest naval medical supply depot or naval medical supply storehouse. Cases shall be marked "Returned Stores." Packing and handling are a proper charge against the appropriation, Maintenance, Bureau of Supplies and Accounts.

(3) No installed equipment shall be removed from leased spaces until the senior medical officer ascertains from the commanding officer that such equipment is not to remain in situ according to the terms of the lease.

6. When returned stores are received by elements of the medical supply system in accordance with instructions in this letter, such stores shall be examined for material condition. Items which are in "fit-for-issue" condition shall be taken into stock. Items requiring extensive repairs and drugs of doubtful quality shall be surveyed with recommendation that items be disposed of as salvage or scrap to authorized local sales officer or destroyed as dangerous drugs.

7. At major shore stations to be decommissioned where amount of property involved is large and where complex disposal situations exist, technical officers operating at bureau level are available for assignment on temporary duty to assist in property disposal. Commands of 11th, 12th, and 13th Naval Districts should direct request for BuMed advisers to Medical Officer in Command, U. S. Naval Medical Supply Depot, Oakland, California. Commands in other continental U. S. naval districts should direct request to Chief of Materiel Division, BuMed, Sands and Pearl Sts., Brooklyn 1, New York. -- ROSS T MCINTIRE

ENCLOSURE A

MATERIAL PRESERVATION

The following suggestions are made for processing Medical Department material which is to remain on hand.

Metallic parts of surgical instruments and other metallic material shall be:

Cleaned of dirt, oil, grease, or rust by use of Petroleum Dry Cleaning Solvent known as Stoddard Solvent (Standard Stock Catalog No. 51-C-1326-75) and thoroughly dried.

Oiled by dipping or spraying as practical with Grade 2 Thin Film Rust-Preventive compound (Polar Type) (Standard Stock Catalog No. 52-C-3257-30).

Stowed under cover in regular stowage places protected by dehumidification where climatic conditions require dehumidification.

Electric motors.

Cleaned by removal of any accumulated oil and dust from windings, and insulating varnish applied after thoroughly dried under dehumidification. Metal housing to be painted or sprayed with Grade 2 Thin Film Rust-Preventive compound (Polar Type).

Stowed in regular stowage spaces and protected by dehumidification where climatic conditions require dehumidification. Other material shall be stowed in regular storage spaces.

Further information regarding preservation of material may be obtained from Bureau of Ships Manual, chapter 9, Readiness and Care of Vessels in Inactive Status.

BuMed Circular Letter No. 46-29

30 January 1946

To: NavHosps (All Types Continental)

Subj: Officers, WAVES (Specialty: Physical Therapy and Specialty: Occupational Therapy; Transfer to Civil Service of.

1. Subject officers are becoming eligible for demobilization. Their services are still needed and will continue to be required as a part of the treatment of patients in naval hospitals. Since there are no other personnel of equal qualifications at present available in the Medical Department, it is necessary either to provide some means of retaining their services, or to secure personnel of equal qualifications in civilian capacity. It is considered probable that many of these officers eligible for demobilization would accept appointment under Civil Service, and it is desired that steps be taken to offer such appointments to be accepted upon release from active duty. If the billets cannot be filled by the discharged personnel, it is desired that steps be taken to fill the billets with other properly qualified persons under Civil Service.

2. The basic requirements and the classification of positions are subject to local control and determination within the District wherein the local activity is located; however, in order to secure uniformity, the following is furnished as a guide:

(a) Basic prerequisite: Graduation from an accredited school of Physical Therapy or Occupational Therapy, with completion of required clinical training, and registry by the civilian professional body concerned.

(b) The number of positions set up should be based on the estimated probable patient census of the hospital as of 1 July 1946. It is considered advisable to establish positions in the ratio of approximately one technician in each specialty to every 500 patients. The size and activity of the respective departments must also be taken into consideration in determining the number of positions, but the above formula may be used as a general guide.

(c) The grades and titles of subject positions will be determined by the local Position Field Classification Office. It is estimated that the grades of these positions will probably be at the P-2 and P-3 level.

3. The following procedure should be followed in those hospitals in which it is considered necessary to establish civilian positions of Physical and Occupational Therapists:

(a) Allocation of the grades of the positions should be obtained from the local Position Classification Field Office.

(b) A letter should be submitted to BuMed, indicating the number, title, and grade of the positions proposed, and requesting authority to fill these positions. This request should indicate whether additional funds will be required and if an increase in the PL10c ceiling will be necessary.--ROSS T McINTIRE

BuMed Circular Letter No. 46-33

30 January 1946

To: NavHosps, NMSDs, NavMedResearch Units and NavDisps.

Subj: Records of Leasehold Property; Additions and Alterations thereto.

Ref: (a) BuMed Cir Ltr No. 44-237.

1. The procedures outlined in reference (a) were established for the purpose of providing a ready source of data for use in closing out leases. In view of the general curtailment of naval activities and the resultant termination of leases, it is requested that addressees occupying leased property review the leasehold property records established in accordance with reference (a) with a view towards maintaining such records in a current status.

2. The instructions contained in reference (a) also apply in those cases where the premises are occupied upon authority of an Army Permit except that the notation "On leased property - Army Permit" shall be made on Plant Account records in lieu of the notation "On leased property" as required in reference (b) of reference (a). -- ROSS T McINTIRE

RESTRICTED

BuMed Circular Letter No. 46-53

20 March 1946

To: All Naval Stations

Subj: Otosclerosis Service, Establishment of.

1. The U. S. Naval Hospitals at Bethesda, Md., and Philadelphia, Pa., have been designated as centers for the surgical treatment of otosclerosis by fenestration of the labyrinth.

2. Authorization to transfer patients in naval hospitals in whom a diagnosis of otosclerosis has been established to the U. S. Naval Hospital at Bethesda, Md. or Philadelphia, Pa., for surgical treatment will be requested from the Bureau in accordance with current directives when the following conditions prevail:

(a) There is a bilateral hearing loss of the conduction type of at least 40 decibels average loss through the speech frequency range from 256 to 2,048 double vibrations per second. Should the hearing loss be unequal in the two ears, with the average loss in the speech frequency range of less than 40 decibels in one ear, the average loss in the second ear must be sufficiently greater than 40 decibels to produce an average loss of 40 decibels as between the two ears.

(b) The bone conduction as measured by the bone conduction audiogram and by the Rinne test shall be normal or very slightly reduced for the tones of the speech frequency range.

(c) The patient desires this surgical treatment.

3. Requests for authorization to transfer patients to the U. S. Naval Hospital at Bethesda, Md., or Philadelphia, Pa., for surgical treatment of otosclerosis shall be restricted to personnel on the active list of the Navy and Marine Corps, retired personnel on active duty, and members of the Reserve on active duty.

4. Personnel who are performing duty and who meet the criteria set forth in paragraph 2 above should be admitted as patients to the nearest naval hospital with a view to transfer to the U. S. Naval Hospital at Bethesda, Md., or Philadelphia, Pa., for treatment. Dispensaries are not authorized to request transfer of patients to the U. S. Naval Hospital at Bethesda, Md., or Philadelphia, Pa., for surgical treatment of otosclerosis. -- ROSS T MCINTIRE

BuMed Circular Letter No. 46-55

26 March 1946

To: Comdrs, Nineteenth and Sixteenth Fleets

Subj: Inactive Fleets, preservation of records and submission of reports.

Ref: (a) Hdqrs 19th Fleet ltr, Serial 940.

(b) ManMedDept, 1945, Part V, Chapter 1.

1. As recommended in ref (a), Medical Department reports (ref b) and records shall be the responsibility of the Group Commander (Group Medical Officer) and shall be forwarded via the cognizance fleet headquarters.

2. These reports will represent the Group Command and not individual units of the group.--ROSS T MCINTIRE

BuMed Circular Letter No. 46-71

22 April 1946

To: All Ships and Stations

Subj: Resuscitators, Accountability of

Ref: (a) Op-23-2-MM serial 281223, 6 27 31, of 12 July 1945; N.D. Bull, 15 July 1945.

(b) BuMed Cir Ltr No. 45-206.

(c) AlNav 22-46.

1. Resuscitators received by Medical Department activities of all ships and stations, in accordance with references (a), (b), and (c), should be taken up in Medical Department accounting records as follows:

S6-838 Resuscitator, portable, complete with carrying case. (The manufacturer and model number should be noted.)

Prepare memorandum Transfer Voucher Received (NavSandA 127) showing complete description of the item, unit price, total price, etc., and assign TVR number in regular series and record in the Equipment Receipt Section of the Journal of Receipts and Expenditures and in the Equipment Ledger.

2. Extra oxygen cylinders for use with resuscitators, and not included in the resuscitator carrying case should be taken up as indicated in paragraph 1 above, using the following description:

S6-459 Cylinder, oxygen, special 22-gallon capacity for use with stock number S6-838.

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3. Attention is invited to resuscitator repair facilities at Naval Medical Supply Depot, Brooklyn, New York, and Naval Medical Supply Depot, Oakland, California. Full advantage should be taken of such repair services. Resuscitators returned for repair should be transferred on Transfer Voucher Issued (NavSandA 127) at invoiced value. -- ROSS T McINTIRE

JOINT LETTER -- BuMed - BuPers - MarCorps

2 May 1946

BuMed Circular Letter No. 46-74.

To: All Ships and Stations

Subj: Revised Malaria Indoctrination Schedule for Naval Personnel

Ref: (a) CNO serial 0836030, of 8 Dec 1943.
(b) BuMed Cir Ltr No. 44-2.
(c) Catalog of Training Films and Other Medical Training Aids (NavMed-150).
(d) CNO serial 3361P415, of 25 Mar 1946.

1. References (a) and (b), which prescribe a malaria indoctrination program for all personnel destined for duty in overseas malarious areas, were canceled by reference (d).

2. Malaria indoctrination of naval personnel, however, is unaffected to the extent indicated below, and shall be continued:

(a) As a routine part of the initial training of all men upon first enlistment in the United States Marine Corps.

(b) As a special refresher course in malaria indoctrination in all Marine Corps units upon being alerted for transfer to a malarious area.

(c) In the case of naval personnel, other than of the Marine Corps, a malaria indoctrination course shall be given all individuals upon arrival at a malarious base.

Malaria indoctrination shall be given to officers as well as to enlisted personnel.

3. The subject matter and hours devoted to the indoctrination course will be determined by each command in which an indoctrination program is required as outlined in paragraph 2 above. Basically the course will consist of lectures, moving pictures, the use of posters and such other training material or methods as may be feasible. Reference (c) provides a list of training aids which will be made available either upon application to the Bureau of Medicine and Surgery or as otherwise specified in the reference. -- ROSS T McINTIRE - L E DENFELD - A H TURNAGE

BuMed Circular Letter No. 46-76

9 May 1946

To: All Ships and Stations

Subj: Pension Claims and Medical Records of Persons Separated from the Service.

Ref: (a) BuMed Cir Ltr No. 44-35.
(b) BuMed Cir Ltr No. 44-44.
(c) BuMed Cir Ltr No. 45-238.
(d) BuMed Cir Ltr No. 45-280.
(e) BuMed Cir Ltr No. 45-281.
(f) BuMed Cir Ltr No. 46-6.
(g) BuMed Cir Ltr No. 46-44.
(h) BuMed Cir Ltr No. 46-61.

1. This letter supersedes the above noted references, which are hereby canceled.

2. When an individual is discharged from the service his health record shall be disposed of as follows:

- (a) Terminate the health record. (See par. 2243, MMD.)
- (b) Detach and destroy health record cover (NAVMED-H-1).
- (c) Place NAVMED-H-2 on top of the other "H" Forms.
- (d) Fold original signed copy of Form NAVMED-Y (Report of the final Physical Examination) once to 4" x 10 $\frac{1}{2}$ ", place on bottom of NAVMED "H" Forms and staple at top.

These records shall be forwarded to the Bureau of Medicine and Surgery within 72 hours after the individual concerned has been discharged from the service. Letters of transmittal are not required.

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3. When an individual is released to inactive duty his health record shall be disposed of as follows:

(a) Medical-history sheets (NAVMED-H-8) containing entries and dental record (NAVMED-H-4) shall be attached to the report of the final physical examination (NAVMED-Y) and forwarded to the Bureau of Medicine and Surgery. The remainder of the health record, after appropriate entries have been made in the abstracts, shall be forwarded to the commandant of the naval district, or in the case of Marine Corps personnel to the commander of the Marine Corps district, in which the individual intends to reside.

(b) In those cases where the medical history sheets to be forwarded to the Bureau contain entries of serious illness or injuries which might be of interest to medical officers who may be called upon at some future date to determine the individual's physical fitness for further active service, a brief resume of such entries shall be made on a medical history sheet and retained in the health record as a supplement to the abstract of medical history (NAVMED-H-5).

4. If an individual is released from active duty or discharged from the service and his current health record is not available, the following procedure shall be carried out:

(a) On blank NAVMED-H-2 enter full name, rank or rate, date and place of birth, and service or file number.

(b) Terminate the NAVMED-H-2 with appropriate entry.

(c) Make the usual termination entry on NAVMED-H-8.

(d) In the case of those who are discharged from the service, forward the NAVMED-H-2 and NAVMED-H-8 to the Bureau of Medicine and Surgery; in the case of Naval Reserves released to inactive duty, forward the forms to their home district. (See par. 3.)

If an individual's health record is received after he has been separated from the service, the record should be disposed of in accordance with paragraph 2 or 3, as may be appropriate, with a memorandum attached indicating that a skeleton record (NAVMED-H-2 and NAVMED-H-8) has been previously prepared and forwarded.

5. When a claim for a pension is submitted by an individual who is being released to inactive duty, discharged, or otherwise separated from the service, the following medical records are required by the Veterans' Administration and should accompany the pension claim to the designated Veterans' Administration regional office or center. (See par. 6.)

(a) Photostatic or typewritten copy of entire health record (except cover).

(b) Signed carbon copy of final NAVMED-Y, with dental chart completed.

(c) Photostatic or carbon copy of NAVMED-M, in the case of persons discharged from the service upon recommendation of boards of medical survey.

When these records have been prepared, the original records shall be forwarded in accordance with the instructions in paragraph 2 or 3, as appropriate.

6. Pension claims and medical records listed in paragraph 5 shall be forwarded to the Veterans' Administration regional offices or centers having jurisdiction over the home addresses of the individuals concerned. -- ROSS T MCINTIRE

JOINT LETTER: BuMed -- MarCorps

6 May 1946

BuMed Circular Letter No. 46-80

To: Commanding officers, All MarCorps Posts and Stations within the Continental United States.

Subj: Marine Corps Separation Procedures, Medical Department Processing in.

Ref: (a) BuMed-MarCorps-BuPers joint letter 45-198.

(b) BuMed Cir Ltr No. 46-76.

(c) AlNav 78-46, 13 Feb 1946.

(d) BuMed Cir Ltr No. 46-35.

(e) Par. 229, ManMedDept.

(f) Par. 2215.2, ManMedDpet.

(g) MarCorps Letter of Instruction No. 1190.

1. A spot check of medical records of Marine Corps personnel file in the Physical Qualifications and Medical Records Division, BuMed revealed that many examining officers are not complying with existing directives resulting in the following discrepancies:

a. Long delay or failure in forwarding terminated medical records to the Bureau of Medicine and Surgery. (See reference (c).)

b. Records are improperly assembled and forwarded. (See reference (b), (e), and (f).)

c. NAVMED-H-2's are not properly terminated. Failure to show type and reason of discharge, and failure to summarize all defects are common errors.

d. NAVMED-H-8's are not properly completed. Common errors are:

(1) Failure to list all specific defects.

(2) Failure to show results of serological examinations. (See reference (a).)

(3) Failure to show results, date, place, and film number of photofluorographic chest examinations.

(4) Failure to obtain waiver of naval treatment or hospitalizations. (See reference (a).)

e. Photostatic or typewritten copies of health records and signed carbon copies of NAVMED-Y are not being prepared in accordance with Article 11, B, 6, paragraph 5(g) of Separation Procedure (Standard Operating Procedure) USMC, quoted here:

"Photostatic copies of health records are to be submitted together with reports of physical examination and medical survey (if indicated) in all cases in which claim for disability is to be filed with the Veterans' Administration. Where photostatic equipment is not available, typed transcripts of the health record are to be submitted."

f. Common errors on NAVMED-Y's are:

- (1) Failure to show service numbers following the name of the separatee.
- (2) Results of the photofluorographic chest examination and of the serological examination not shown.
- (3) Failure to list all abnormalities and defects.

2. Marine Corps commanding officers will bring this letter to the attention of the medical officer responsible for the physical examination of discharges at their stations.

3. If present directives as pertain to physical and dental examinations cannot be followed because of lack of facilities on station, arrangements will be made by the commanding officer or medical officer to have dischargee examined at such nearby stations as can complete proper examination. When this is not practicable, or when it is apparent that personnel cannot be discharged within seven (7) days, they will be transferred to a separation activity in accordance with paragraph 3, B(2)(b) of reference (g). --
ROSS T MCINTIRE -- A A VANDEGRIFT

BuMed Circular Letter No. 46-84

27 May 1946

To: MedOfsCom, NavHosps (All Types)

Subj: Rations Sold by Hospital Messes to Military Staff Personnel, cas collection for.

1. Effective 1 July 1946, collection for all rations sold by hospital messes to military staff personnel or to military staff personnel for their guests shall be effected by cash collection at the rate of \$0.25 per meal or \$0.75 per ration instead of by payroll checkage as at present.
2. The above cash collections shall be effected by an agent cashier in accordance with the instructions contained in BuSandA ltr L10-5(1)/NH(AB) of 7 April 1943, which will be included in the revised edition of BuSandA Manual. Inasmuch as agent cashiers have already been appointed at most naval hospitals to handle the collection of charges for hospitalization of dependents, an additional agent cashier may not be required. However, in those naval hospitals not having an agent cashier at present, or those requiring an additional agent cashier to effect the subject cash collections, the Medical Officer in Command shall designate the Commissary Officer or one of his officer assistants to act in this capacity.
3. In order to provide the change necessary for the collection of cash from the sale of meals, the disbursing officer will advance to the agent cashier funds for change in the manner prescribed in Arts. 1431-15(b) or 1540-5(b), BuSandA Manual, for clothing issue room storekeepers and ship's stores. All cash in excess of the necessary funds to make change will be transferred to the disbursing officer daily, or as otherwise directed by competent authority, and upon the detachment of the agent cashier and/or disbursing officer.
4. Charges for subsistence or occasional meals furnished military staff personnel and their guests shall be collected in cash from the military staff personnel concerned at the rates specified in par. 1. Nurses and other military staff personnel taking full subsistence in a hospital mess shall pay or one ration per day irrespective of the number of meals taken, except when not actually subsisted in the hospital mess due to absence on official leave. Collections shall be made monthly or immediately prior to detachment, discharge, or transfer of the individual concerned. The letters directing collection of cash from military staff personnel for meals sold shall be prepared in the same manner as letters requesting checkage for rations have been prepared heretofore, except that they shall be addressed to the agent cashier and shall direct collection to be made in cash and deposited for credit to the appropriation "Medical Department, Navy", of the fiscal year in which the meals were sold, and Expenditure Account 45803. A copy of each letter directing collection of cash from military staff personnel for meals sold shall be forwarded with the Monthly Ration Record, NAVMED-HF-36, to substantiate the number of rations sold, as reported on lines 118 and 119, Section F of the Monthly Ration Record. The amount of cash actually deposited with the disbursing officer shall agree with the total amount reported in the monthly letters directing collection of cash, copies of which are required to be submitted with the Monthly Ration Record.
5. Upon detachment, transfer or discharge, where the individual does not have sufficient funds to pay in cash for rations furnished him during the month, a letter directing checkage in the pay account of the individual for meals furnished may be submitted to the disbursing officer for necessary action. However, such cases should be minimal and it is directed that collections in such cases be made in cash whenever possible. Copies of letters of checkage shall be forwarded as prescribed in paragraph 4 above for collection letters.

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6. The present procedure of effecting payroll checkage for subsistence furnished officer patients and the collection by the Bureau for subsistence furnished enlisted patients in naval hospitals is not modified by this letter. The subsistence furnished patients shall be reported in accordance with current instructions.

7. The present procedure for sale of meals to civilian employees and the collecting and reporting therefor, is not modified by this letter.

8. Existing instructions which are in conflict with this letter are hereby superseded.--ROSS T McINTIRE

BuMed Circular Letter No. 46-91

11 June 1946

To: All Ships and Stations

Subj: Therapy of Early, Latent, and Relapsing Syphilis with Penicillin and Metal Chemotherapy--Recommended Schedule of

Ref: (a) BuMed Cir Ltr No. 45-127.
(b) BuMed Cir Ltr No. 45-264.
(c) AllNav 158-46.
(d) BuMed Cir Ltr 46-63.

1. References (a) and (b) are hereby modified.

2. As a result of recent developments, indicated in references (c) and (d) the following treatment schedules are recommended for subject syphilis cases:

(a) Primary seronegative; 60 intramuscular injections of penicillin, 100,000 units each, every 3 hours day and night for 7½ days--total dosage 6 million units.

(b) Primary seropositive; secondary and latent; 80 injections of penicillin, 100,000 units each, every 3 hours day and night for 10 days--total dosage 8 million units.

(c) First relapse or reinfection of previously treated syphilis cases; 80 intramuscular injections of penicillin, 100,000 units each, every 3 hours day and night for 10 days--total dosage 8 million units. Concurrently intravenous injections of mapharsen 60 mgm (0.06 gm) each twice weekly for 5 weeks--total dosage 600 mgm, and intramuscular injections of bismuth subsalicylate in oil 1½ cc (200 mgm) (expressed as subsalicylate not as bismuth metal) each week for 5 weeks--total dosage, 1,000 mgm.

(d) Second relapse of previously treated syphilis cases: 26 weeks mapharsen-bismuth schedule. This consists of 10 weeks of mapharsen injections given twice a week followed by 6 weeks of bismuth given once a week and another 10 weeks of mapharsen given twice a week. During the first 5 weeks, also during the final 5 weeks of treatment, bismuth is given once weekly along with mapharsen. Dosage of mapharsen should be approximately 1 mgm per kg of body weight; minimum single dose, 50 mgm and maximum single dose, 70 mgm. Dosage of bismuth subsalicylate in oil is 1½ cc (200 mgm) (expressed as subsalicylate not as bismuth metal).

3. The medical officer shall be on the alert for evidence of reaction or toxicity in the treatment of all cases involving penicillin and chemotherapy.

4. It is emphasized that it is important to make monthly serological examinations for 1 year and a spinal-fluid examination between the third and sixth month following completion of treatment. The results of these examinations shall be recorded on Form NAVMED-H-7. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-92

12 June 1946

To: All Ships and Stations

Subj: Medical Department Property--Proper Supervision, Safeguarding, and Accountability of.

Ref: (a) Chapt. 32, Navy Regulations.
(b) Chapt. 49, Sec. 3, Navy Regulations.
(c) Part VI (ch. 20 of 1938) ManMedDept, 1945.
(d) Art. 194, Treasury Department, Bureau of Narcotics, Regulations No. 8, of 1 June 1938.

1. Large quantities of medical supplies and equipment have been reported by survey on SandA Form 154 as "missing" without adequate statement of circumstances involved in order that losses may be justified. It is the responsibility of all officers charged with custody of Medical Department property to comply with references (a) through (d), relative to custody, accountability, and safeguarding of Government property. It is mandatory that every effort be made to safeguard medical stores, with special emphasis being placed on narcotics and other poisonous drugs.

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2. Although lack of experienced property and accounting personnel and rapid demobilization may have been the reason for the apparent laxity in the proper safeguarding of, and strict accountability for, Medical Department property, such laxity can no longer be countenanced. Supplies and equipment surveyed in the future as "missing" shall be accompanied with an adequate statement of circumstances.--ROSS T McINTIRE

BuMed Circular Letter No. 46-103

29 June 1946

To: MedOfsCom, NavHosps (Continental and Aiea)

Subj: Enlisted Wave Personnel; Hospitalization of.

1. In the interest of consolidation and conservation of personnel, enlisted Waves will, as soon as practicable but not later than 15 July 1946, be hospitalized only in the dependents' section of each hospital.

2. Enlisted Wave patients in hospitals which have no dependents' in-patient section, will, when practicable, be transferred in accordance with existing instructions to a hospital having such facilities. --
W J C AGNEW

BuMed Circular Letter No. 46-105

3 July 1946

To: Comdts, NDs, RivComs, AirTraComs
CO, MarCorpsAirStas (Cherry Point, N.C., El Toro, Calif., Miramar, San Diego, Calif.,
Quantico, Va., Ewa, Honolulu, T.H.)

Subj: Death by Violence, Preparation and Encasement of Remains

1. In a recent instance where a number of naval personnel were killed in a crash of an airplane there resulted considerable publicity unfavorable to the Navy with respect to the Manner in which the remains had been prepared and encased, at least one casket having been opened for inspection purposes by relatives, contrary to the advice of naval authority. In this instance the plane had crashed high in a mountain, and the bodies and dismembered parts of bodies were recovered in frozen condition from deep snow and from trees. Taken to the nearest mortuary such arterial and injection embalming as practicable was done, the mutilated and frozen condition of the remains precluding complete embalming by usual methods. The remains were then packed, without clothing or shrouding, in sawdust containing a "hardening compound", the caskets were sealed and marked with a warning against opening, which warning also was sent by telegram to the next of kin and to the receiving undertaker.

2. Regardless of instructions to the contrary, it is known that receiving undertakers, either with or without request from the family, on occasion will open such sealed caskets. It appears that the sensibilities of the next of kin and of others are particularly disturbed when a body is not clothed or shrouded, when the recovered parts of the body are not placed in proper anatomical alignment, when wounds are not closed or bandaged, when the mouth has not been closed and when no cosmetic restoration has been attempted.

3. It is desired, therefore, whenever there is an aviation or other accident involving death of naval personnel by violence, that the commandant having jurisdiction shall take measures to insure the proper preparation, clothing, encasement, and disposition of the remains, including detailed instructions to the undertaker having charge and provision for necessary inspection prior to release for shipment. The following instructions should be issued in such cases:

In the event of advanced decomposition, maceration, mutilation or dismemberment of bodies, the bodies should be treated by any or all of the following procedures as found necessary:

(a) Evisceration, in order to minimize leaking and facilitate preservation by either pickling or injection of vessels.

(b) Filling the body cavities with cotton or similar material saturated with formalin, followed by suturing of skin.

(c) Pickling by injection of vascular trunks and along bones, and by massive infiltration of muscles and other portions of the body, using full strength formalin, and wrapping parts in cotton soaked in formalin.

(d) Closure of all wounds by sewing and by supplementary bandaging if necessary.

(e) Use of the usual fungistatic and insect sprays as described in Hospital Corps Handbook.

(f) When sawdust is used to absorb moisture or leakage, place beneath the body enclosed in a porous bag to form a mattress.

(g) Obtain the best structural restoration and cosmetic results possible.

(h) Obtain and clothe or shroud with proper uniform clothing of the rank or rate and provide a National flag to accompany remains.

(i) Notify both next of kin and undertaker at destination that, due to circumstances of death, the remains are not in condition to be viewed and therefore, that the casket should not be opened. --
ROSS T McINTIRE

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30 July 1946

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To: Condt's, NDs, RivComs

Subj: Medical and Hospital Treatment for Active Duty Naval Student Personnel Attending Summer Classes.

Ref: (a) Art. 1189, N.R.
(b) Part III, Chapter 1, ManMedDept.

1. It has come to the Bureau's attention that various schools throughout the country where active duty naval student personnel are attending summer classes have made no provision for necessary medical and hospital treatment of the students enrolled therein. In view of this fact, it will be necessary that treatment required by the naval students enrolled in such schools be provided through local civilian facilities and that Form NAVMED-U be submitted in accordance with instructions outlined below.
2. When treatment is required by a Navy student attending one of these schools, his admission to a civilian hospital, or treatment by a civilian physician, may be authorized by his commanding officer. However in those cases where prolonged treatment may be required, arrangements should be made at the earliest practicable date, consistent with the patient's physical condition, for his transfer to the nearest naval or other Federal hospital.
3. Upon completion of necessary treatment, a report, in duplicate, should be submitted to the Bureau on Form NAVMED-U (par. 318 of ref. b) accompanied by properly itemized and certified bills. The bills should be in duplicate, itemized to show the dates on or between which services were rendered or supplies furnished and the nature of and charge for each item. The certificate "Correct and just; payment not received" should be placed on each bill and signed by the payee, or in the case of a hospital, by an official thereof whose title or connection therewith should be indicated beneath his signature. A statement to the effect that services were rendered as stated should then be placed on the bill and signed by the patient or by an officer having cognizance of the case (par. 3110 of ref b), and the bill approved by the commanding officer before submission to this Bureau.
4. Although as stated above, necessary medical, dental and hospital treatment may be procured on authorization of the commanding officer, treatment and services of a special nature, such as services of a specialist, prosthetic dental treatment, eye refraction, etc., requires the prior authority of the Bureau of Medicine and Surgery (ref b).
5. These instructions apply only to summer classes and should be disseminated to appropriate naval units within the districts. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-116

5 August 1946

To: MedOfsCom, NavHosps

Subj: Educational or Training Benefits and Vocational Rehabilitation Provided by Public Laws 16 and 346, 78th Congress, as amended by Public Law 268, 79th Congress.

Ref: (a) Section 1507, Public Law 268, 79th Congress, approved 28 December 1945, which amends the Servicemen's Readjustment Act of 1944.

1. It has been requested by the Veterans Administration that naval hospitals attach certain appropriate information to applications submitted by patients in naval hospitals for certain benefits under the jurisdiction of the Veterans Administration.
2. In some cases, persons making application for benefits under the provisions of reference (a) will be hospitalized in naval hospitals and under naval jurisdiction. In order that the Veterans Administration may have the information necessary to appropriately act upon these requests for benefits, it is directed that when such requests are submitted by patients hospitalized pending final discharge from the service, the requests shall be accompanied by information as outlined below:
 - (a) An application (Veterans Administration Form 1950) for education or training under Public Law 346, as amended, is to be accompanied by:
 1. Statement as to date of entry into active duty.
 2. Statement that applicant is hospitalized pending final discharge from the naval service.
 3. Statement as to contemplated approximate date of discharge, if known.
 - (b) An application (Veterans Administration Form 1900) for vocational rehabilitation under Public Law 16, as amended, is to be accompanied by:
 1. Copy of report of physical examination on entry into active duty.
 2. Statement that applicant is hospitalized pending final discharge from naval service.
 3. Statement as to contemplated approximate date of discharge, if known.
 4. Brief medical summary to include a brief medical history, diagnosis of present condition, and manifestations thereof.

-- ROSS T McINTIRE

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46-120

BuMed Circular Letter No. 46-120

14 August 1946

To: All Ships and Stations

Subj: Submission of NAVMED-HC-3 and NAVMED-HC-4 to BuMed, re: Hospital Corpsmen (Dental Technicians).

Ref: (a) Pars. 517 and 518, ManMedDept.
(b) AlNav 343-46.
(c) SecNav ltr Op21D-jc, serial 3369P21, 27 June 1946.

1. Attention is invited to references (b) and (c).

2. Reference (a) is modified by references (b) and (c). In accordance therewith the dental departments of ships and stations are responsible for the forwarding of NAVMED-HC-3 and NAVMED-HC-4 in the case of dental personnel who are assigned to the dental department of the ship or station in accordance with reference (c). -- ROSS T McINTIRE

BuMed Circular Letter No. 46-122

15 August 1946

To: All Ships and Stations

Subj: Normal Human Serum Albumin, Salt-Poor

1. ACTION. Each bottle contains 25 grams of albumin obtained from pooled normal human plasma and 1.0 gram of d, l-acetyl tryptophane in 100 cc of solution. This is the osmotic equivalent of approximately 500 cc of citrated plasma. The acetyl tryptophane improves the stability of the solution and is a derivative of an amino acid in which human serum albumin is deficient. The solution contains no preservative as it has been sterilized by filtration.

When injected intravenously, 100 cc of 25 percent albumin draw approximately 350 cc of additional fluid into the circulation within 15 minutes except in the presence of marked dehydration. This extra fluid reduces hemoconcentration and blood viscosity. If hemorrhage has occurred, an anemia may follow demodulation. This should be treated with whole blood. When the circulating blood volume has been depleted, the hemodilution following albumin persists many hours. In individuals with a normal blood volume it usually lasts only a few hours.

In contrast to the original Standard Army and Navy package of normal human serum albumin bearing expiration dates from November 1945 to April 1950, and containing 0.6 to 1.0 gm percent sodium, normal human albumin, salt-poor, contains only 0.3 gm percent sodium. For comparison, the amounts of sodium in osmotically equivalent volumes of solution are as follows: Citrated plasma (500 cc), 2.1 gm; circulating plasma (450 cc), 1.6 gm; original standard albumin (100 cc), 0.6 to 1.0 gm; salt-poor albumin (100 cc), 0.3 gm. This low sodium content is of value when large amounts of normal human serum albumin are administered to hypoproteinemic patients with edema and poor kidney function, as the accumulation of sodium ion in the extracellular fluid is minimized. Normal human serum albumin may be given in conjunction with or combined with other parenteral fluids--whole blood, plasma, saline, glucose, or sodium lactate. The addition of two bottles of albumin to 1,000 cc of normal saline or 5 percent glucose gives a solution approximately isotonic and isosmotic with citrated plasma.

2. INDICATIONS AND DOSAGE. Shock.--Albumin is indicated in the emergency treatment of shock due to trauma, hemorrhage, operation, and infection, or in the treatment of injuries of such severity that shock, although not immediately present, is likely to ensue. An initial dose of one to two bottles can be followed in 15 to 30 minutes by a third bottle if the response is inadequate. Administration of larger quantities should be supplemented with or replaced by the use of whole blood to combat the relative anemia which would follow the use of three bottles of albumin (equivalent to 1,500 cc plasma). The quick response to blood pressure which may follow the rapid administration of concentrated albumin necessitates careful observation of the injured patient to detect bleeding points which failed to bleed at a lower blood pressure. Because the bottle of concentrated albumin can be administered in 3 to 10 minutes, it is preferable for the earliest treatment of shock. If dehydration is present, the administration of other fluids by any available route is desirable, either with albumin (two bottles of albumin per liter solution) or after albumin. Even in marked dehydration, however, concentrated albumin is not harmful. It is merely less effective.

Burns.--An initial dose of one to two bottles should be followed by 5 percent solution of albumin (two bottles per liter) in normal saline or in 5 percent glucose in such quantities as are needed to prevent marked hemoconcentration, and to maintain appropriate electrolyte balance.

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Hypoproteinemia with or without edema.--Two to three bottles daily over a period of days or weeks may be required to reduce edema and to raise the serum protein values to normal. Since these patients have approximately normal blood volumes, doses of more than one bottle of albumin should not be given faster than 100 cc in 30 to 45 minutes to avoid circulatory embarrassment. If slower administration is desired, in cases with hypertension or cardiac failure, 200 cc of albumin solution may be mixed with 300 cc of 10 percent glucose solution in water and administered by continuous drip at a rate of 10 gm of albumin (100 cc) per hour. Although diuresis may occur soon after albumin administration has been instituted best results are obtained if albumin is continued until normal serum protein and serum albumin levels are regained.

3. Because salt-poor albumin contains no preservative it should not be used if the solution is cloudy. Sterility is maintained by careful handling in cold rooms throughout the processing, Seitz filtration to remove bacteria, and heat treatment for 10 hours at 60° C to kill viruses.

4. Satisfactory methods for processing and preserving salt-poor albumin were not developed until late in the war. As a result only about 1/20 of the Navy's supply of albumin was obtained in this form. It is necessary then to restrict the use of salt-poor albumin to treatment of those cases of hypoproteinemia with poor kidney function in which the extra sodium of regular albumin would throw an additional burden on these damaged organs. Requisitions for salt-poor albumin should be accompanied by a letter setting forth the reasons for requesting this type of albumin. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-125

16 August 1946

To: MedOfsCom, NavHosps (Continental)

Subj: Nurse Corps Separatees, forwarding of copy of final orders to the Bureau of Medicine and Surgery.

Ref: (a) BuMed Cir Ltr No. 46-104.

1. It is directed that addressees forward to the Bureau of Medicine and Surgery a copy of final orders, with all endorsements, of Nurse Corps officers being separated from the service at the separation activities for Women's Reserve and Nurse Corps personnel.

2. The above copy is in addition to the copy to be forwarded to BuPers. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-126

26 August 1946

To: All Ships and Stations

Subj: Multiple Dental Operating Rooms, Use of

1. The Navy is faced with an increasingly difficult dental problem. This is due to several factors, among them the loss of a great number of Reserve dental officers from the Navy, together with the inability to replace them, the pending loss of additional dental officers of the Regular establishment at such time as resignations from the service are acceptable, and the greatly lowered dental requirement for enlistment in the Navy and in the Marine Corps. This lowered dental requirement has been necessary in order that the Navy and Marine Corps might be brought up to the desired numerical strength of the postwar establishment. In addition to the foregoing, records in this Bureau indicate a marked decrease in the average amount of dental treatment accomplished per dental officer since V-J Day. This postwar slump is inevitable and contingent upon demobilization. However, it should be vigorously combatted.

2. In this connection it is interesting to note the result of a recent study made by the U.S. Public Health Service which was published in part in the Journal of the American Dental Association, volume 33, No. 1, as follows: "When the one-chair dentist working alone is taken as the base, the weekly patient-load of the two-chair dentist without an assistant is approximately 25 percent more, that carried by the one-chair dentist with an assistant is 63 percent higher, while the weekly patient-capacity of the three-chair dentist with an assistant is 75 percent over the base." From the foregoing it may be computed that when a single dentist working with a single dental operating room and one assistant, the usual naval procedure, is taken as a base, the same dentist working with an additional dental operating room and one assistant will produce approximately 22½ percent more dental restorations, etc., and when working with two additional dental operating rooms and one assistant will produce approximately 32 percent more restorations, etc.

3. In view of the serious shortage of dental officers in the Navy which has resulted in the availability of dental operating rooms ashore in excess of dental officers required to man them on the basis of one dental officer to each dental operating room, and in view of the availability of dental operating rooms afloat in excess of the allowance of dental officers in certain ships, it is directed that the dental officers of all ships and shore activities survey the number of dental operating rooms available and in those cases where it is practicable, without requisitioning new equipment, to assign two or three dental operating rooms to each dental officer under his supervision. -- ROSS T McINTIRE

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46-130

BuMed Circular Letter No. 46-130

3 September 1946

To: All Ships and Stations

Subj: Acceptance by Medical Department of Red Cross Supplies and Services

Ref: BuMed Cir Ltr 43-151.

1. Reference (a) is hereby canceled and superseded. Medical and surgical supplies and equipment may be accepted from Red Cross representatives when authorized by the Bureau or in advance of such authority when an emergency exists. As a rule, however, such supplies and equipment shall not be accepted from the Red Cross when they are obtainable through regular Navy procedure. This policy has no application to the acceptance from the Red Cross of articles for use in the recreation and entertainment or for the comfort of hospital patients in the regular program of the Red Cross pursuant to article 1474, U. S. Navy Regulations.

2. Medical Department activities normally are expected to process their own dressings, bandages, etc., from materials obtained through the regular naval medical supply channels. However, when commanding officers deem it desirable, local arrangements may be made with Red Cross chapters for the utilization of their services for the preparation of surgical dressings for use in the naval service. When such services are so utilized the supplies and materials to be processed shall be furnished by the naval medical activity concerned. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-132

4 September 1946

To: MedOfsCom, NavHosps and All Activities with Dispensaries of 25 or more Beds.

Subj: NAVMED-I (Weekly Report of Patients) (5-45 Revision); addition to.

1. Effective 18 Sep 1946, it is directed that in Part II of subject report immediately preceding the "Total" column, an additional column be added with the heading "K Casualties". In this added column, it is directed that all persons on the sick list because of a war wound (key letter "K" casualty) or any complication thereof, be reported.

2. Because of the importance at this time of having a complete weekly breakdown of war casualties still on the sick list, this procedure shall be continued as long as any "K" casualties remain under the care of the Medical Department. -- W J C AGNEW

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BuMed Circular Letter No. 46-133

13 September 1946

To: All Ships and Stations

Subj: Professional Blood Donors, Payment for Services--Bureau Policy Concerning.

Ref: (a) ManMedDept, (1938 edition), ch. 20, sec. IV, par. 3050(b).

Encl: A. Blood donor registration card.
 B. Criteria for blood donors, male.
 C. Criteria for blood donors, female.

1. The Bureau encourages volunteer blood-donor programs provided the proper organizational set-up can be established. The procedure in effect at the National Naval Medical Center and approved by the National Institute of Health is satisfactory and requires the following steps:

- (a) Obtain proper history of the donors.
- (b) Make physical examination of each donor.
- (c) Obtain a signed release from each donor.

Enclosures A, B, and C are samples of forms used at the National Naval Medical Center.

2. If volunteer blood is obtained from members of volunteer blood-donor organizations the naval activity must be certain that no obligations are attached to such donations.

3. Reference (a) provided: "Payment for services of blood donors who are members or former members of the military or naval service shall be made at the rate of 5 cents for each cubic centimeter of blood donated; minimum payment \$10; total payment not to exceed \$50 for one transfusion. (See 24 USC 30.)"

4. The act of 30 July 1941, in amendment of prior law, extends the restriction of \$50.00 for one transfusion to "any person, whether or not in the employ of the United States."

5. Where blood cannot be obtained by donation, payment may be made therefor in such unit amount as will not exceed the costs stated in the Manual of the Medical Department or the maximum payment specified in law. -- ROSS T MCINTIRE

ENCLOSURE A

NATIONAL NAVAL MEDICAL CENTER
 Blood Donor Registration Card

Serial No. -----

Mr.
 Miss
 Name Mrs. ----- Surname ----- First Name ----- Date -----
 Address ----- Street ----- City ----- State -----
 Telephone No. ----- Date of birth -----
 When did you last donate blood? ----- Number of donations -----
 Temperature ----- Pulse ----- Hemoglobin ----- % Blood pressure -----
 Any chronic or serious illness? ----- Any form of heart trouble? -----
 Shortness of breath? -----
 Illness in the last month? ----- Swelling of the feet? ----- Refused -----
 Malaria? ----- Undulant fever within 5 years ----- Unsuccessful bleeding -----
 Clinical pulmonary tuberculosis? ----- Fainting spells? ----- Serology only -----
 A persistent cough? ----- Convulsions? ----- Reaction -----
 Pain in the chest? ----- Jaundice within 6 months? -----
 Diabetes? ----- Pregnant or postpartum 9 months? -----
 Remarks -----
 Nurse -----
 Doctor -----

(Reverse)

RELEASE

I am voluntarily furnishing blood through the United States Navy to be used by the Navy of the United States or for civilian protection and for that purpose I am at my own risk submitting to the tests, examinations, and procedures customary in connection with donations of blood. I agree that neither the United States Navy nor any surgeons, physicians, technicians, nurses, agents or officers connected with any of them, or who may be participating otherwise in this work, shall be in any way responsible for any consequences to me resulting from the giving of such blood or from any of the tests, examinations or procedures incident thereto, and I hereby release and discharge each and all of them from all claims and demands whatsoever which I, my heirs, executors, administrators or assigns have or may

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have against them or any of them by reason of any matter relative or incident to such donation of blood, and I agree that the above-mentioned organization may use in any way that they may deem advisable any balance or residue of the blood, and by-products therefrom.

IN WITNESS WHEREOF I have hereunto set my hand and seal this----- date of-----
In the presence of -----

----- (L.S.)

ENCLOSURE B

CRITERIA FOR BLOOD DONORS

MALE

Frequency: Not sooner than eight (8) weeks from last donation, and only five times in any calendar year.

Weight: None accepted under 110 pounds.

Medical History:

Colds: Two (2) weeks should elapse after recovery from any cold. Donor will not be accepted if he has a continuous cough, cold or sneezing.

Surgery or Serious Illness: In case of serious illness or surgery, at least six (6) months should elapse and your doctor consulted.

Tooth Extraction: Absolutely two (2) weeks must elapse following extraction.

Jaundice: Donor will not be accepted if he has had jaundice within last six (6) months or if he has been exposed to it within last six (6) months.

Diabetes, Tuberculosis: Donors are not accepted who have had diabetes or tuberculosis.

Malaria: Donors are not accepted who have had malaria in the last fifteen (15) years, or any recurrence during that time.

Hay Fever: Donors are not accepted for one (1) month before, during, and one (1) month after expected season. Donors are not accepted during treatment for one (1) month following completion of shots.
Other allergic conditions, such as hives or similar skin manifestations are treated likewise. Any history of severe allergy is not accepted.

Boils, Infections: Donors who have boils, infected ears, skin infections, or wounds will not be accepted under one (1) month after complete healing.

Sinusitis: Donors will not be accepted who have sinusitis of recent origin or acute flare up. They will not be rejected if history of remote attacks.

Poison Ivy: Donors will not be accepted if eruption is active. They will be accepted two (2) weeks after eruption has healed. If donor has had poison ivy shots, he will not be accepted for two weeks from date of last shot.

Vaccinations (small-pox): Donors who have been vaccinated will not be accepted for two (2) weeks from last scab, or four (4) weeks from date of vaccination on those that take.

Injections: In case of all other vaccinations and immunizing injections, donors will not be accepted for two (2) weeks after last injection.

Nourishment: DONOR SHOULD NOT COME TO CENTER HUNGRY. . .
(a) Up to four (4) hours before appointment, a regular meal may be eaten.
(b) From four (4) hours before, up to one (1) hour prior to appointment time, the following foods should be avoided:
AVOID: Fats, cream, eggs, meat, soups, oils, grease, mayonnaise, cheese.
EAT: Fruits and their juices, bread, crackers, dry toast, jam, jelly, cereals with skimmed milk, black coffee, or tea with sugar.

ENCLOSURE C

CRITERIA FOR BLOOD DONORS

FEMALES

Frequency: Not sooner than eight (8) weeks from last donation, and only five (5) times in any calendar year.

Weight: None accepted under 110 pounds.

Medical History:

Menstrual Period: Donors are not accepted two (2) days before, or during Menstrual period.

Pregnancy: Nine (9) months must elapse after any type of termination of pregnancy, and naturally during same.

Colds: Two (2) weeks should elapse after recovery from any cold. Donor will not be accepted if she has a continuous cough, cold or sneezing.

Surgery or Serious Illness: In case of serious illness or surgery, at least six (6) months should elapse and your doctor consulted.

Tooth Extraction: Absolutely two (2) weeks must elapse following extraction.

Jaundice: Donor will not be accepted if she has had or been exposed to jaundice within the last six (6) months.

Diabetes, Tuberculosis: Donors are not accepted who have had diabetes or tuberculosis.

Malaria: Donors are not accepted who have had malaria in the last fifteen (15) years, or any recurrence during that time.

Hay Fever: Donors are not accepted who for one (1) month before, during and one (1) month after expected season. Donors are not accepted during treatment and for one (1) month following completion of shots.
Other allergic conditions, such as hives or similar skin manifestations are treated likewise. Any history of severe allergy is not accepted.

Boils, Infections: Donors who have boils, infected ears, skin infections, or wounds will not be accepted until one (1) month after complete healing.

Sinusitis: Donors will not be accepted who have sinusitis of recent origin or acute flare up. They will not be rejected if history of remote attacks.

Poison Ivy: Donors will be rejected if eruption is active. They will be accepted two (2) weeks after eruption has healed. If donor has had poison ivy shots, she will not be accepted for two (2) weeks from date of last shot.

Vaccinations: (Small-pox): Donors who have been vaccinated will not be accepted for (2) weeks from last scab, or four (4) weeks from date of vaccination on those that take.

Injections: In case of all other vaccinations and immunizing injections, donors will not be accepted for two (2) weeks after last injection.

Nourishment: DONOR SHOULD NOT COME TO CENTER HUNGRY.
(a) For at least four hours prior to donation of blood, the following foods should be avoided:
AVOID: Fats, cream, eggs, oils, grease, cheese, and some of the following foods should be eaten:
EAT: Fruits and their juices, dry toast, jam, jelly, cereals with skimmed milk, black coffee or tea with sugar.

RESTRICTED

46-136

BuMed Circular Letter No. 46-136

20 September 1946

To: MedOfsCom, NavHosps, Continental Limits US plus Aiea, T.H., Coco Solo, C.Z., Guantanamo Bay, Cuba.

Subj: Hospital Accounting and Reporting Procedures.

Ref: (a) BuMed Cir Ltr No. 41-44.
(b) BuMed Cir Ltr 44-107.
(c) BuMed Cir Ltr No. 45-237.

Encl: A. Statement of Equipment Issued to Use. (Available on request)
B. Statement of Receipts by Transfer. (Available on request)

1. Effective 1 October 1946 addressed naval hospitals are directed to resume reporting under the hospital accounting procedure in the general manner prescribed by ref (a), (c) and this letter.

2. The Hospital Accounting Instructions are now in the process of revision, and until the revised instructions are promulgated, the general text of the procedure in the references will be followed.

3. Salaries and Wages Group I, II, III, IVa and IVb.

(a) Salaries and wages earned but not reported on any Labor Roll Summary, during a particular quarter, shall be set up as an unliquidated obligation in the allotment control record and so reported on Form NAVMED-B. The value of such Salaries and Wages shall not be taken up in the General Ledger nor in the Expense Analysis Register.

4. Salaries and Wages "Earned and Paid" and "Earned and Unpaid", for which Labor Roll Summaries have been prepared will be entered in the General Ledger and Expense Analysis Register during the quarter in which the Salaries and Wages were earned. At the end of the fourth quarter the amount of Salaries and Wages reported as an unliquidated obligation on Form NAVMED-B, shall be entered in the General Ledger and in the Expense Analysis Register, by a General Ledger Adjustment Voucher. This procedure is necessary in order that the expenses incurred for the entire fiscal year will be reflected in the expense analysis records.

5. The difference between the total obligations recorded in the allotment control records for Salaries and Wages at the beginning of the quarter and the actual recorded expenditures at the close of the quarter, shall be canceled. A new obligation, covering the total amount of all Salaries and Wages earned up to and including the last day of the quarter, and not reported on any Labor Roll Summary, shall be recorded in the allotment control record and reported as an unliquidated obligation on Form NAVMED-B for the same quarter. This procedure is prescribed to enable the activity to retain sufficient funds to meet succeeding payrolls and to bring the amount of appropriation expenditures, for Salaries and Wages reported on Form NAVMED-B, into agreement with the total amounts reported on the Labor Roll Summaries (Nav-SandA 194 and 884) for the same quarter.

6. Pay and Allowances Military Staff

Current rates of pay and allowances shall be used in lieu of rates used in reference (a).

7. Equipment Issued

(a) In order to reduce the workload involved in charging the value of issued equipment to the applicable expense analysis accounts the following procedure shall be instituted:

To obtain the value of equipment issued which is to be charged to in-patient (Account E201) and non-hospitalization accounts, the approved Form NAVMED-11 will be priced only for equipment issued to or returned to store by non-hospitalization departments.

It will not be necessary to price Form NAVMED-11 for any transaction pertaining to in-patient.

(b) A memorandum recapitulation record of equipment issued to non-hospitalization departments is required to be maintained as follows:

(1) When equipment is issued to non-hospitalization departments, the approved Form NAVMED-11 shall be priced, the price to be obtained from the Equipment Ledger, and each individual Form NAVMED-11 shall be numbered and entered in the memorandum recapitulation in black ink, under the appropriate non-hospitalization departments. Each individual Form NAVMED-11 which authorizes non-hospitalization departments to return equipment to store, shall be priced, if such returned equipment is fit for reissue, and entered in the memorandum recapitulation in red ink, under the appropriate non-hospitalization department. By adding each column for each department, (black entries will be plus and red ink entries will be minus) the NET value of equipment issued to non-hospitalization departments will be obtained.

(c) A Report of "Statement of Equipment Issued to Use" shall be prepared quarterly in the form indicated by enclosure and this form shall be used as General Ledger Adjustment Voucher.

8. Account E302 - Outpatient Services

The gross salaries of all civilian employees assigned to this Department on a full time basis shall be charged in Column 01 of this account. The gross salaries of those assigned on a part-time basis shall be prorated and charged in column 01 of this account on the basis of percentage of total time employed in this service.

9. Account E303 - Staff QuartersGeneral Ledger Adjustments - Other Credits

This account will be credited in column 12 at the close of each quarter by expense analysis adjustment voucher with the amount of reimbursement to the appropriation "Medical Department, Navy" on account of utility services furnished civilian employees occupying public quarters, and for rental charges (reimbursable to Miscellaneous Receipts - Rent of Public Buildings) collected from civilian employees occupying public quarters to which they are not otherwise entitled. (Refer to the general instructions under expense analysis classification (12) in ref (a). This is the only instance in which an adjustment between accounts in the same section of the expense analysis register will be recorded in the General Ledger Adjustment Columns.

Expense Analysis Register Entry

Debit Account E305 - Non-Hospital Expense (Column 11)	\$ XX.XX
Credit Account E303 - Staff Quarters (Column 12)	\$ XX.XX

Explanation: To record charges for rental and utility services furnished civilian employees occupying public quarters during - quarter, fiscal year 19__.

Indicate under each type of utility service furnished the quantity, the unit of quantity, the unit cost, and the total cost. Attach a copy of each voucher or letter of checkage against advance deposit Accounts to the voucher prepared to record the adjustment.

10. Account E305 - Non-Hospital Expense

This account shall be debited in column 11 - Other debits, with the following credits to Account E110 - Commissary:

(a) The gross cost of subsistence in kind in lieu of cash allowances furnished enlisted personnel attached to the hospital for instructions by order of Bureau of Naval Personnel, and for all personnel attached to the Hospital Corps School for instructions. The gross cost of subsistence shall be obtained as follows:

Determine the average gross cost of one ration by dividing the total number of subsistence days for the quarter into the money value representing the gross cost of the Commissary Department for the quarter (Column 09, Account E110 after utility services consumed in the preparation, serving, and storage of food, have been charged by expense analysis adjustment voucher). When the average cost of one ration is thus obtained, multiply this cost by the total number of subsistence days applicable to the two categories of enlisted personnel under instruction. The product represents the gross subsistence cost credited to Account E110 - Commissary and in turn debited to Account E305-Other Non-Hospital Expense for hospital personnel and E306 for school personnel.

(b) The amount received by cash collections, and payroll checkages, at the rate of \$0.75 per ration or 25¢ per meal, for subsistence sold personnel of the hospital staff (civil and military), personnel of the Hospital Corps School Staff (civil and military), and personnel of other commands located on the hospital reservation or operated in conjunction with the hospital who are not entitled to subsistence in kind, and guests of such staff personnel. The General Ledger entry will be a debit to Account 13 - Navy as a whole and a credit to Account 10 - Operating Expense. The expense analysis register entry will be a debit in column 11 of Account E305 - Other Non-Hospital Expense and a credit in Column 12 of Account E110 - Commissary.

(c) The amount checked on civil payrolls during the quarter in accordance with the Schedule of Wages for Civil Employees in the Field Service of the Navy Department (NavExos P24) on account of subsistence furnished certain specified employees. This adjustment shall be recorded in the same manner in the accounting records as outlined in paragraph 10(b) above. The amount reported on the adjustment voucher prepared will be the exact amount checked on the civil payrolls for the same quarter.

(d) The value of subsistence, computed at the rate of \$0.75 per ration or 25¢ per meal furnished by authority of meal tickets issued by the Veterans' Administration official to Out-patient beneficiaries of the Veterans' Administration. This adjustment shall be recorded in the accounting records as outlined in paragraph 10(b) above.

11. Statement of Receipts by Transfer, by Appropriation and Other Sources

This Statement shall be prepared in the form outlined in Encl (2) and submitted with the Quarterly financial returns.

12. Annual Reports

All Annual Reports, with the exception of Annual Inventory of Land and Buildings and the Annual Inventory of Property, shall be submitted in accordance with instructions outlined in present Hospital Accounting Instructions.

13. It is of paramount importance that beginning with second quarter, FY 1947, financial reports shall be submitted to the Bureau not later than the 25th of the month following the end of the quarter. To obtain these results, the hospitals must keep accounting records current from day to day. Continuous liaison with local supply, accounting and disbursing officers will assist the Finance Officers of hospitals in maintaining current accounting controls and in the preparation and submission of financial reports at the end of each reporting period.

14. Delete page 145 and (5) and (F) on page 146 of reference (a). -- ROSS T McINTIRE

UNITED STATES
DEPARTMENT OF THE ARMY
OFFICE OF PUBLIC INFORMATION
WASHINGTON 25, D. C.

The following data, when filled out by you, will be sent to the Fleet Home News Center, which will let the newspapers in your home town know that you are out of the hospital.

Name	First	Initial	Last
Home address			
Work address			
State			
City			
Zip			
Phone			
Religion			
Education			
Occupation			
Marital status			
Children			
Other			

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RESTRICTED

BuMed Circular Letter No. 46-138

24 September 1946

To: MedOfsCom, NavHosps (Continental)

Subj: Personnel at Naval Hospitals - Home Town Newspaper Releases on.

Ref: (a) BuMed Cir Ltr 46-110.

Encl: A. Ltr from SecNav (DirPubInfo), OOR-D Serial 10255, 13 Sep 1946.
B. Sample Personal Data Sheet.

1. Reference (a) is hereby canceled and it will be noted from Enclosure A that the prior SecNav letter on this subject enclosed with reference also has been canceled and is superseded by the present SecNav enclosure, which provides a plan for the voluntary forwarding to the Fleet Home Town News Center of information regarding the discharge of hospital patients, omitting any reference to diagnosis.
2. It is directed that the Personal Data Sheet be made available at some convenient point on the discharge route and that the dischargee be encouraged to complete this data sheet.
3. The Bureau desires that this revised plan be placed in effect immediately and that the information so obtained be forwarded promptly and currently to the Fleet Home Town News Center, 844 North Rush Street, Chicago 11, Illinois. -- ROSS T MCINTIRE

ENCLOSURE A

NAVY DEPARTMENT
EXECUTIVE OFFICE OF THE SECRETARY
OFFICE OF PUBLIC INFORMATION
WASHINGTON 25, D. C.

OOR-D
Serial 10255

Sept 13 1946

From: Secretary of the Navy
(Director of Public Information)
To: Chief of the Bureau of Medicine and Surgery

Subj: Personnel at Naval Hospitals - Home Town releases on.

Ref: (a) SecNav (DirPubInfo) ltr Serial 7470 to Chief, BuMed.

Encl: (A) Sample personal data sheet.

1. This letter and enclosure supersede and cancel reference (a) and its enclosure.
2. The Fleet Home Town News Center, U.S. Navy, Ninth Naval District, Great Lakes, Ill., has for its mission the processing and distribution to home town newspapers and radio stations of all news concerning naval personnel from localities concerned. The effects of a successful fulfillment of this mission, both upon naval morale and upon the American public's appreciation of its Navy, are obvious.
3. The recovery and discharge of patients at naval hospitals is of unfailing news value to home town media. It is accordingly requested that each naval hospital be directed to advise the Fleet Home Town News Center on the discharge of patients who do not object to the dissemination of such news. The clerical work involved can be reduced to a minimum by forwarding a personal data sheet similar to Enclosure (a) after it has been filled out by the patient being discharged. -- E M ELLER

PERSONAL DATA SHEET

The following data, when filled out by you, will be sent to the Fleet Home Town News Center, which will let the newspapers in your home town know that you are out of the hospital

Name-----first-----initial-----last-----Age-----
Rank or Rate-----
Parents' name (if living)-----
Parents' Address-----street-----town-----county-----state-----
Wife's name-----street-----town-----county-----state-----
Wife's Address-----
Date of discharge from Naval Hospital at-----
Duty station or ship to which you are returning -----
Your duty there-----
Date of entry into naval service-----
Schools attended:-----
Occupation prior to entering naval service-----

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BuMed Circular Letter No. 46-140

25 September 1946

46-140

To: District Medical Officers

Subj: Printing Requirements of District Medical Activities, Control of.

Ref: (a) Rules, regulations, policies and standards for the control of Navy publications and printing (NavExos P-35 Rev. Nov. 1945).

1. The District Medical Officer shall be responsible for maintaining an effective coordinated control over printing requirements for medical activities under his cognizance in collaboration with the District Publication and Printing Office. In performing this function the District Medical Officer shall execute the rules and regulations governing printing by the District Publication and Printing Office as outlined in reference (a).
2. The District Medical Officer shall review and approve all requests for printing from the District Publication and Printing Office submitted by medical activities within his district. Only such printing should be approved as is necessary to conduct the official business of the requisitioning activity. NavMed forms and other standard Navy Department and Government forms should not be approved for printing by the District Publication and Printing Office. A supply of these forms is maintained at the Publication Distribution Centers. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-143

27 September 1946

To: All Stations

Subj: Accounting Instructions, Medical Supply Depot Equipment Reclassified as Supplies.

Ref: (a) AlNav 147-46, N.D. Bull. of 15 Apr 1946, Item No. 46-721.

1. As of 1 July 1946, reclassification of equipment to supplies in connection with the adoption of BuMed Section, Catalog of Navy Material, shall be accomplished in the following manner:

- (a) Prepare a Transfer Voucher (NavSanda 127) for the book value of all equipment reclassified as supplies.
 - (b) Record value of the above transfer voucher as an expenditure in the Equipment Section of Journal of Receipts and Expenditures under column "Inventory Adjustment" and report this amount on line 13 and Analysis (7) of NAVMED-E.
 - (c) Record the value of the above transfer voucher as a receipt in the Supplies Section of the Journal of Receipts and Expenditures under column "Inventory Adjustment" and report as a receipt on line 23 and Analysis (4) of NAVMED-E.
 - (d) Equipment in use which has been reclassified as supplies shall be issued on NAVMED-R immediately.
 - (e) Individual ledger sheets comprising the total book value of equipment reclassified as supplies shall be removed from the equipment ledger and installed in the supplies ledger.
2. At shore stations (including naval hospitals), items of equipment formerly listed as such in the old Medical Supply Catalog and do not appear in the BuMed Section, Catalog of Navy Material, should be assigned a complete stock number and taken up in the appropriate class in the equipment ledger for items in the Catalog of Navy Material. Also, items of supplies in the same category to items of equipment mentioned above should be assigned a complete stock number and taken up in the Supplies Ledger for items in the Catalog of Navy Material. This procedure will also apply to items of equipment transferred to supplies and do not appear in BuMed Section, Catalog of Navy Material. There are no provisions in the Manual of the Medical Department for a "Non-Listed Section" in either the Equipment Ledger or Supplies Ledger. -- ROSS T McINTIRE

RESTRICTED

BuMed Circular Letter No. 46-144

27 September 1946

To: MedOfsCom, NavHosps (Cont), plus Aiea, T.H., Guantanamo Bay, Cuba, and Coco Solo, C.Z.

Subj: Accounting Instructions, Medical Supply Depot Equipment Reclassified as Supplies.

1. As of 1 July 1946, reclassification of equipment to supplies in connection with the new BuMed section Catalog of Navy Material shall be accomplished in the following manner:

(a) Issued Equipment

Prepare an accounting document, numbered in GLAV series indicating the complete journal entry indicated below. Transfer shall be made at book value of the equipment at time of transfer and not on an average unit cost. This voucher will be signed by the Finance Officer and approved by the Medical Officer in Command and shall accompany the financial reports for the quarter in which reclassification is accomplished.

The following entries shall be recorded in all applicable accounting records and shall appear on the face of the voucher.

Debit Account 1 - Capital
Credit Account 3 - Equipment

To remove from equipment account items of equipment reclassified as supplies and charged to past operations.

Individual sheets in the equipment ledgers will be adjusted accordingly.

(b) Unissued Equipment

A separate voucher shall be prepared as above, items of equipment in store as supplies and transfer the value of such items from Account 3 - Equipment to Account 4 - Stores. Transfer shall be made at book value of the equipment at time of transfer and not at an average unit cost. Deduct the book value of this equipment on individual equipment ledger sheets and record as supplies on individual stores ledger sheets.

The following entry shall be recorded in all applicable accounting records:

Debit Account 4 - Stores
Credit Account 3 - Equipment

To record book value of items of equipment reclassified as supplies and transferred from equipment to supplies ledgers.

(c) Statement of Storeroom Inventories

Record the total amount of issued and unissued equipment (reclassified) in column (1) opposite Equipment Adjustments - Deductions and record total amount of unissued equipment reclassified in column (1) opposite Supplies Adjustments - Additions. This procedure will effect an adjustment of opening inventory as of 1 July 1946.

(d) Statement of Capital Investment

Record in column (1) opposite Equipment the balance per Account 3 - Equipment after adjustment, record in column (2) the value of items in store after adjustment of unissued equipment and record in column (3) the value of items in use after adjustment of issued equipment. Record the following schedule on this statement for the quarter in which the adjustments were made:

	Col. 1	Col. 2	Col. 3
Balance Account 3 before adjustment	\$ _____	\$ _____	\$ _____
Total amount of adjustment	\$ _____	\$ _____	\$ _____
Balance Account 3 after adjustment	\$ _____	\$ _____	\$ _____

2. It is the Bureau's desire neither to reflect any amounts due to reclassification of equipment to supplies in current operating expense accounts nor to make any adjustments to past operations costs. The above procedure will only reflect adjustments in General Ledger Accounts and in no way will it effect the operating expense accounts.

3. Each hospital shall be prepared to defend each item transferred from one category to another and for this purpose a record should be maintained of each item effected. Filing the old equipment ledger sheet, after transfer is made is sufficient justification.

4. Items transferred to Account 4 - Stores should be taken up in the catalog Navy Material Supplies Ledger under the appropriate class with a complete stock number. There are no provisions in the Manual of the Medical Department for a "Non-Listed Section" of the Supplies Ledger. -- ROSS T MCINTIRE

RESTRICTED

BuMed Circular Letter No. 46-147

46-147

2 October 1946

To: District Dental Officers

Subj: Printing Requirements of District Dental Activities, control of.

Ref: (a) Rules, regulations, policies and standards for the control of Navy publications and printing (NavExos P-35 Rev. Nov. 1945).

1. The District Dental Officer shall be responsible for maintaining an effective coordinated control over printing requirements for dental activities under his cognizance in collaboration with the District Publication and Printing Office. In performing this function, the District Dental Officer shall execute the rules and regulations governing printing by the District Publication and Printing Office as outlined in reference (a).
2. The District Dental Officer shall review and approve all requests for printing from the District Publication and Printing Office submitted by dental activities within his district. Only such printing should be approved as is necessary to conduct the official business of the requisitioning activity. NAVMED forms and other standard Navy Department and Government forms should not be approved for printing by the District Publication and Printing Office. A supply of these forms is maintained at the Publication Distribution Centers. -- ROSS T MCINTIRE

BuMed Circular Letter No. 46-151

14 October 1946

To: MedOfsCom, NavHosps (Continental)

Subj: Printing Equipment as Authorized for use in Occupational Therapy Departments in Naval Hospitals.

Ref: (a) Under SecNav ltr of 29 Aug 1945 - Command relationships with respect to Navy Field Printing Plants.

1. Printing equipment authorized for use in Occupational Therapy Departments in naval hospitals is now listed in the Navy Medical Supply Catalog under Class 11. In this listing there are two printing presses included. One is a hand operated press and the other is a foot operated press.
2. It is the intention of this Bureau that printing equipment be installed and used in Occupational Therapy Departments only insofar as it serves as an integral part of the treatment regime of the patient. It is therefore directed that a careful review be made of all printing equipment on hand that is now under cognizance of Occupational Therapy to assure that it is being used for strictly therapeutic purposes. In the future, all purchases of printing equipment for Occupational Therapy uses shall be restricted to the types listed in par. 1 above.
3. Attention is invited to ref (a) which excepts printing equipment being used for occupational therapy in naval hospitals from management control of Commandants of Naval Districts. This privilege should not be abused. -- ROSS T MCINTIRE

BuMed Circular Letter No. 46-153

15 October 1946

To: All Ships and Stations

Subj: Aviation Classification Tests, Instructions Concerning.

1. A printing error has been discovered in the Aviation Classification Test (ACT) used in connection with testing applicants for Naval Aviation training. Holders of this test are directed to check each copy to make certain that no copies containing error are in use.
2. A serial number is printed in the lower left hand corner of page one of the test. The correct serial number of Form I, NAVMED-181 is 580431 0-44. The correct serial number of Form 2, NAVMED-182 is 580432 0-44.
3. The test should be destroyed in each case where the serial number is not appropriate to the Form number. The Bureau of Medicine and Surgery should be informed as to the number of copies of the test desired to replace those destroyed.
4. As a precautionary measure, it is directed that all copies of the Mechanical Comprehension Test (MCT) be checked in like manner to preclude the possibility of error. Only Forms 4 and 5 of the MCT are in use. These may be checked by making certain that in each Form 4, NAVMED-179, the first item of page one contains a picture of two children swinging, and that in each Form 5, NAVMED-180, the first item of page one contains a picture of two men lifting logs. In the event of errors in this test, the procedure outlined in paragraph 3 above will be followed. -- ROSS T MCINTIRE

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BuMed Circular Letter No. 46-160

31 October 1946

To: Comdts, NDs and PRNC, Professors of Naval Science.

Subj: Annual X-Ray Examination of the Chest of NROTC and Other Naval Personnel Undergoing Instruction and Under the Cognizance of the Professors of Naval Science.

1. A roentgenogram of the chest shall be made annually of all personnel enrolled in NROTC units and of all other naval personnel undergoing instruction and under the cognizance of the Professors of Naval Science. These roentgenograms shall be made a part of the annual physical examination but need not be made at the same time.

2. For convenience and economy, these examinations should be made with photofluorographic equipment. The Professor of Naval Science shall contact the Commandant of his district to schedule a Mobile Photofluorographic Unit. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-161

31 October 1946

To: Medical Department Activities

Subj: Appointment of Safety Officers

Ref: (a) N.C.P.I. 190.

1. The Bureau of Medicine and Surgery has appointed a Safety Engineer with responsibility for establishing and maintaining an effective safety program in all activities of the Medical Department.

2. Accordingly, the Medical Officer in Command of each activity shall immediately appoint a safety officer who shall be charged with responsibility for aggressive and continuous leadership in accident prevention. The Safety Officer shall: (a) be responsible for the organization of a safety program for all personnel on the station, (b) direct the preparation of all report forms, NAVEXOS-107 and NAVEXOS-2243, and (c) transmit to OIR monthly NAVEXOS 109-110 and 1212, and quarterly NAVEXOS-111.

3. It is recommended that the safety function be assigned as a collateral duty of the Maintenance Officer. In those activities with more than 800 personnel, the Safety Officer should secure for his safety inspector an individual with ability and tact, and if possible with accident prevention experience.

4. The Bureau Safety Section will assist and cooperate in safety matters at all times, and will welcome constructive suggestions to improve safety conditions and reduce the current high accident rate in Medical Department activities. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-164

6 November 1946

To: All Ships and Stations

Subj: Personnel Accounting System

Ref: (a) NavPers 15, 642, revised Mar 1946, No. Pers-201.
(b) AlNav 490-46.

1. It has been directed by the Chief of Naval Personnel (ref (a)) that a new personnel accounting system be instituted in the Naval Establishment. By reference (b) responsible authorities are directed to take necessary action to insure full compliance with instructions contained in reference (a).

2. The instructions contained in reference (a) provide for the following:

(a) In part I, paragraph 3(j) (3) page 2, which deals with enlisted personnel--".... Medical Survey Boards shall survey a man into one of the limited duty categories as part of the survey report."

(b) In part I, paragraph 4, which deals with officer personnel--

(1) In subparagraph (e)--"Officers shall be assigned to the limited duty categories on the basis of medical surveys, waivers, and other entries in their health records."

(2) In subparagraph (f)--"In the absence of a disqualifying entry in a survey, waiver, or health record, an officer shall automatically be classified as (QUAL) qualified for all duty."

(3) In subparagraph (g)--"In the future all Medical Survey Boards shall survey an officer into one of the limited duty categories as part of the survey report."

RESTRICTED

3. Instructions contained in reference (a) for assignment of limited-duty symbols are as follows:

(a) In the cases of enlisted personnel, see part I, paragraph 3(j). Where a question of physical disability is involved, paragraph 3(j)(1) provides for review by a medical officer who shall comply with the provisions of letters in effect on limited duty. The appropriate limited-duty symbol shall be assigned and an authenticating entry shall be made in both the health record and service record. A Form Y shall be forwarded to the Chief of Naval Personnel via the Chief of the Bureau of Medicine and Surgery for confirmation.

Attention is invited to paragraph 3(g), part I, which states "That part of any directive which refers to designating men as "limited duty" or "special assignment" or "qualified for mobilization ashore only" (SA, ISA, or QMAO) is hereby canceled." Attention is invited to paragraph 3(h), part I, which states "The duty limitations of enlisted personnel shall henceforth be designated as prescribed in the instructions for Block (18) of the Personnel Accounting Card." (See ref (a), part III, paragraph 138.)

(b) In the cases of officer personnel, see part I, paragraph 4--Where a question of physical disability is involved, paragraph 4(e) provides for assignment to the limited-duty categories on the basis of medical surveys, waivers, and other entries in the health records. Paragraph 4(f) provides that in the absence of a disqualifying entry in a survey, waiver, or health record, an officer shall automatically be classified as (QUAL) qualified for all duty.

Where a question of physical disability is involved, only the Chief of Naval Personnel may change an officer's designator. (Ref (a), part I, paragraph 4(b)). This would be done upon receipt of appropriate recommendation in Forms NAVMED-M or Y submitted by the medical officer in charge of the health record of the officer concerned.

Attention is invited to paragraph 4(d), part I, which states "The duty limitation categories of officers shall henceforth be designated as prescribed in the instructions for Block (18) of the Personnel Accounting Card."

4. It has been stated by the Chief of the Bureau of Naval Personnel that this accounting system was not intended to reflect any Navy Department policy as to retention or promotion. It has further been stated that at no time was it intended that this table would present any promise of retention on active duty or reflect any promise of promotion. It was constructed for and intended to present limitations of duty of any group of naval personnel.

5. In view of the foregoing it should be clearly understood that, in the case of officers, physical fitness for promotion or unfitness for service should be determined strictly on the basis of the officer's physical fitness or unfitness to perform his duties at the time these determinations become pertinent. The determination of physical fitness for promotion, or of physical incapacity for service, shall not be influenced by any prior or present limited-duty classification of any officer concerned. Such determination must be made in accordance with instructions, by an independent evaluation on the part of the appropriate board of medical examiners when an officer becomes due for promotion; or by a naval retiring board in the event an officer is being considered for retirement by reason of physical disability.

6. In making recommendation that an individual be placed in a QUAL or in a limited-duty classification medical officers are to be guided by the physical fitness of the individual concerned. Should an individual feel that his duty classification is not representative of his physical fitness, or should local authorities feel an individual's case warrants reclassification or reevaluation, the case should be taken up for reconsideration as outlined in paragraph 3 above. -- ROSS T McINTIRE.

BuMed Circular Letter No. 46-166

15 November 1946

To: All NavStas and MarCorps Activities

Subj: Physical Inventory of Facilities re: Institution of the Revised Plant Account System.

Ref: (a) SecNav ltr: M625/ERC:hkc, Serial 138, 10 May 1946.

(b) SecNav ltr: M625/RHP:mm, Serial 281, 26 Aug 1946.

(c) BuMed Cir Ltr No. 44-67.

(d) BuMed Cir Ltr No. 45-37.

(e) BuS&A Manual, Vol-6, Chapter 3.

Encl: A. (SC) Facilities Inventory Handbook (NavEXOS P-406).

B. (HW) SecNav ltr: M625/ERC:HKC, Serial 138, 10 May 1946. (Available on request)

1. References (c) and (d) are hereby canceled and superseded by this letter. Ref (a) directs that physical inventory be initiated as of 1 Jan 1947 to include all facilities (land, buildings and improvements, and equipment) located at all naval activities which are to be a permanent part of the continental and extra-continental Naval Establishment, exclusive of facilities located in contractors' plants and Navy-owned plants operated by private contractors.

2. Ref (b) in promulgating the Facilities Inventory Handbook sets forth in one volume the policies and detailed procedures to be followed in inventorying, recording and reporting real and personal property owned by the Navy.

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3. Ref (b) further states that the responsibility for compliance with the instructions contained in the Handbook and the successful completion of the inventory rests with the Commandant, Commander, or Commanding Officer of the activity at which the facilities are located.

4. In compliance with refs (a) and (b), Medical Officers in Command of all permanent Naval Hospitals, Naval Medical Supply Depots and Medical and Dental Officers in Command of other Naval Medical Department Activities under the cognizance of BuMed are directed to initiate a physical inventory of facilities beginning 1 Jan 1947. The inventory shall be conducted in accordance with the instructions set forth in encl A and the special instructions contained herein.

5. At Medical Activities which are not commanded by Officers of the Medical Department, the Plant Account is maintained and the physical inventory of Facilities is reported by the Accounting (Supply Corps) Officer of the station in accordance with the procedure prescribed by BuSandA Manual, Volume 6, 63011(1).

6. The plant account is under the cognizance of Bureau of Supplies and Accounts and is separate and distinct from the property records and reports prescribed by Bureau of Medicine and Surgery and is required to be maintained and reported in addition to those reports required by the Bureau of Medicine and Surgery.

7. It will be noted in the Facilities Inventory Handbook that a monetary limitation of \$50.00 or more has been used to establish a basis by which to designate items as equipment in Property Class 3 for other Bureaus. Such basis cannot be applied to BuMed items as it would conflict with standard federal hospital practice relative to Property Classification as required by the Bureau of the Budget. Accordingly all items classified as BuMed equipment will be carried in the Plant Account, Physical Class 3.

8. Attention is called to the following special instructions for reporting and marking BuMed Equipment, (property - Class 3) having a unit value of less than \$50.00 and for the Reconciliation and Summary of Plant Account Non-Industrial Activities (S&A Form 167).

RECORDS AND REPORTS

Identical items of equipment having a unit value of less than \$50.00 shall be grouped, the total quantity on hand reported on a single card. Each property record card shall be numbered serially in accordance with the instructions in the Facilities Inventory Handbook for identification and reference purposes. The total cost of the items shall be recorded in the "Total Cost" block on each card (NavS&A 278). The acquisition and disposition of items reported in this manner will be in accordance with the instructions set forth in BuS&A Manual, paragraph 63202-4. Letter and Number Code describing condition will not apply to these grouped items.

IDENTIFICATION

Medical and Dental Officers in Command may designate those items of equipment with a unit value of under \$50.00 which in his opinion are of such size, shape, or construction to make marking impracticable or uneconomical. These items will be controlled for identification purposes by local administrative procedure.

RECONCILIATION AND SUMMARY OF PLANT ACCOUNT NON-INDUSTRIAL ACTIVITIES - (S&A FORM 167)

It will be noted that Form S&A 167 does not provide for the reporting of BuMed acquisition and disposition of Plant Account items in the following categories:

- (a) - Items of Medical Department Equipment received on NAVMED-255.
- (b) - Items of Medical Department Equipment received on T.V.R.
- (c) - Items of Medical Department Equipment transferred by T.V.I.

Instructions to reflect this type acquisition and disposition of BuMed material in Plant Account are as follows:

OTHER ACQUISITIONS

In order that Plant Account items received on T.V.R.'s and NAVMED-255 may be reflected in the Reconciliation and Summary of Plant Account-Non-Industrial Activities (S&A Form 167), a line captioned "Other Acquisitions" shall be inserted as 11A under "Acquisitions" on subject form and the value reported thereon.

OTHER DISPOSITIONS

In order that Plant Account Items transferred on T.V.I.'s to other activities may be reflected in the Reconciliation and Summary of Plant Account-Non-Industrial Activities (S&A Form 167), a line captioned "Other Dispositions" shall be inserted as 16A under "Dispositions" on subject form and the value reported thereon.

9. Property record cards can be obtained from the supply officer, Naval Supply Depots Norfolk, Va. and Oakland, Calif. A limited number of copies of the Facilities Inventory Handbook are available and additional copies may be obtained by letter request to MatDiv. BuMed, Brooklyn, N.Y. -- ROSS T McINTIRE

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BuMed Circular Letter No. 46-168

19 November 1946

To: MedOfsCom, NavHosps (Continental)

Subj: Certificates for obtaining automobiles by disabled patients.

1. Preferential delivery of new automobiles to disabled patients, and the privilege granted certain patients to obtain a new automobile free of charge under Public Law 663, has been abused in some cases by persons obtaining two or more automobiles under the same authority. In an effort to prevent these abuses, it is directed that all certificates issued to patients for the purpose of obtaining preferential delivery or to receive an automobile under provisions of Public Law 663 be authenticated by the medical officer in command, and an entry to the effect that such certificate has been issued be made on the medical history sheet of the individual's health record.

2. It is further directed that appropriate records be maintained to obviate the possibility of an individual patient being issued more than one certificate. -- ROSS T McINTIRE

BuMed Circular Letter No. 46-173

29 November 1946

To: All Ships and Stations

Subj: Shipboard Control of Insect Pests and Rodents

Ref: (a) BuShips Manual, ch. 9, art. 9-201, and ch. 36, art. 36-21 to 36-24, inclusive.

1. The provisions of ref (a) are superseded, effective upon receipt of this letter. Instructions herein will be followed pending promulgation of revisions to chapters 9 and 36 of the Bureau of Ships Manual.

2. Use of Standard Stock Catalog materials as indicated below is recommended as the most direct, cheapest, simplest, and usually most effective means for control of insects:

<u>Insecticide stock number</u>	<u>Method of use</u>	<u>Type of infestation</u>
Aerosol 51-C-2031-10 51-C-2031-25	Gas in enclosed space.	Mosquitoes in holds and compartments (in particular when ship leaves a malarious area).
Concentrate DDT solution 51-I-(NEW) (BuShips Spec. 51-I-19)	Sprayed as a 5% aqueous emulsion (one-half pint per mattress and bunk). Sprayed on potential breeding sites, such as lifeboats.	Bedbugs. Mosquito larvae.
Insecticide powder (10% DDT) 51-I-157-600 51-I-157-610	Dusted on or blown as dust into runways and hiding places.	Cockroaches, water beetles, ants, lice, fleas, and silver fish*.
Roach exterminator powder (type A) 51-E-568 51-E-569	Dusted on runways and hiding places.	Cockroaches around messrooms, galleys, and storerooms.
Roach exterminator tablets (type B) 51-E-571 51-E-572	Deposited in infested areas.	Cockroaches in file cabinets, desks, and shelves where use of powder is undesirable.

*Storerooms that are insect infested should be thoroughly cleaned when emptied and sprayed throughout with the 5% DDT aqueous emulsion.

3. Fumigation solely for the control of insects shall be undertaken only for the eradication of moths, weevils, or beetles in dry food stores where other means of control are not practicable. Infested dry foodstuffs should preferably be returned to supply activities ashore for fumigation by specialists, if such facilities are available and it appears economically feasible to do so. If beyond salvage, infested foodstuffs should be surveyed in accordance with Navy Regulations.

4. Hydrocyanic-acid-gas fumigation is most effective for rodent control, but because of its extreme toxicity such gas may be used only by experienced personnel. Even under trained supervision, its use ordinarily requires abandonment of the ship for a period. Hydrocyanic-acid-gas fumigation, to be conducted by the U.S. Public Health Service, is authorized under either of the following conditions:

(a) Where the rules of the Public Health Service require cyanide fumigation before the ship docks at a United States port.

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(b) Where, in the opinion of the commanding officer, the rodent population of the ship may not reasonably be exterminated by trapping, and the facilities and personnel of the U.S. Public Health Service are available to conduct such fumigation.

The cost of the materials used by the Public Health Service for fumigating naval vessels will be borne by the Navy Department. Upon completion of the vessel's fumigation the appropriate local Public Health Service representative shall be furnished written certification thereof by the commanding officer of the vessel. This certificate is required to substantiate application to be submitted by the Public Health Service to the Navy Department on Standard Form 1080 for reimbursement for cost of materials used. Payment will be made by the Bureau of Supplies and Accounts as a charge against appropriation "Maintenance, Bureau of Ships," and the appropriate expenditure account in the 13000 series, except that, for fumigation of Naval Reserve vessels during the fiscal year 1947, appropriation "Naval Reserve" will be charged.

5. Carboxide gas (furnished in nonshatterable cylinders under Standard Stock Catalog numbers 51-C-2069-80 and 51-C-2069-90) is the only fumigant authorized for shipboard use by naval personnel. When used in the prescribed concentration, with the ship properly sealed, it is an effective insecticide and rodenticide. It is of such low toxicity that it may be used by naval personnel without undue hazard, without interfering with the scheduled operation of the ship, and with a minimum of interference with the ship's routine. Fumigation of a ship in the active or reserve fleets by carboxide gas is authorized under either of the following conditions:

(a) Where, in the opinion of the commanding officer, deratization is urgently needed in ports where U. S. Public Health Service facilities and personnel are not available for conducting hydrocyanic-acid-gas fumigation.

(b) Where required for control of insects in foodstuffs, as outlined in paragraph 3 above.

6. Ships of the inactive fleet and ships being prepared for inactivation will not be fumigated as a routine measure. Ships scheduled for inactivation which are considered to have rat infestation serious enough to warrant fumigation will be fumigated with hydrocyanic acid gas under the supervision of the U.S. Public Health Service as soon as practicable after such infestation is determined and prior to inactivation.

7. Where insect infestation is apparent in a ship being readied for inactivation, the measures tabulated in paragraph 2 above will be employed just prior to starting dehumidification machinery, but before the vessel's ventilating system is secured for preservation. Infested storerooms in particular will be treated as described in the footnote to the tabulation.

8. Ships which have already been inactivated without fumigation or which may be inactivated with only the measures herein described should be examined, at the time of periodic inspections for other reasons, for evidence of rat or cockroach activity. Applications of DDT should suffice to stop any minor cockroach activity. Trained rodent-control personnel from the Bureau of Medicine and Surgery may safely set out a few ounces of poisoned water in rat-infested compartments to exterminate small rodent populations. Where material damage by rats and insects is so extensive that fumigation is indicated, the ship shall be fumigated with hydrocyanic acid gas under the supervision of the U. S. Public Health Service if personnel and facilities are available. Otherwise carboxide gas fumigation may be employed. Whatever the fumigant used, the dehumidification machine shall be blanked off and desiccants shall be removed to avoid contamination of the desiccant by the fumigant.

9. In the event an inactivated ship is fumigated under the conditions of paragraph 8 above, the ship's ventilation system shall be used as necessary to clear the ship of fumigant gases. -- W J C AGNEW --
S S KENNEDY

BuMed Circular Letter No. 46-175

4 December 1946

Subj: Personnel Retained on Active Duty with Orders Reading "Appropriation Chargeable Naval Reserve", reporting of subsistence of.

Ref: (a) BuMed Cir Ltr No. 44-91.

(b) Naval Reserve Multiple Address Letter No. 40-46 of 31 Oct 1946.

1. Inasmuch as Naval Reserve personnel are being paid from both the appropriation "Pay and Subsistence Naval Personnel" and appropriation "Naval Reserve" during the present fiscal year, this Bureau is required to effect reimbursement for the cost of subsistence of the subject enlisted personnel while sick and subsisted in naval hospitals, from both BuSanda and BuPers, as indicated.

2. Therefore, effective immediately, when Naval Reserve Personnel, in both the above categories, are reported on the applicable line on the Monthly Ration Record, NAVMED-HF-36, an analysis of each such line shall be made on the reverse of the Monthly Ration Record, indicating separately the data applicable to those Naval Reserve Personnel who are being paid from the appropriation "Pay and Subsistence Naval Personnel" and those personnel who are being paid from the appropriation "Naval Reserve", as indicated in either their service records and/or pay accounts. -- H L PUGH

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46-177

BuMed Circular Letter No. 46-177

12 December 1946

To: All Ships and Stations

Subj: Instructions for Administering Pseudo-Isochromatic Plates, American Optical Company, First Edition, Abridged.

Encl: A. Subject instructions for insertion in the American Optical Company's Pseudo-Isochromatic Plates book. (Available on request.)

1. Certain plates in the first edition of the American Optical Company pseudo-isochromatic plates have low diagnostic value or are misleading in interpretation. Sheets of black paper are to be pasted over the following plates in the standard edition of the American Optical Company Pseudo-Isochromatic Plates for Testing Color Perception:

PLATES TO BE DELETED:

Plate No.	Normal Reading	Plate No.	Normal Reading	Plate No.	Normal Reading
1	89	15	7	31	52
2	43	16	9	32	96
3	56	17	25	33	No
4	27	18	68	34	No
5	8	22	34	37	052
7	39	26	H	38	394
11	29	28	43	39	23
13	86	30	75	45	No

2. The normal responses for the remaining plates should be checked from the following list. Only these plates will be used for testing color vision.

Plate No.	Normal Reading	Plate No.	Normal Reading	Plate No.	Normal Reading
6	6	21	97	36	follow
8	42	23	56	40	65
9	56	24	27	41	15
10	27	25*	12	42	74
12	57	27	89	43	47
14	75	29	86	44	98
19	5	35	follow	46*	follow
20	3				

* Demonstration Plates

3. When the above procedure has been executed, this letter should be filed where it is not accessible for memorization by applicants but will be available for rechecking if necessary.

4. (a) Applicants for enlistments in all branches of the Navy and Marine Corps shall be required to pass satisfactorily the abbreviated pseudo-isochromatic plate test with not more than five errors. In the case of enlisted men who fail to pass the test upon examination for reenlistment, a waiver shall be submitted to the Bureau stating all the facts.

(b) Candidates for entrance into the U. S. Naval Academy and for all primary appointments to the commissioned branches of the Navy and Marine Corps shall be required to pass satisfactorily the abbreviated pseudo-isochromatic plate test with not more than three errors.

5. Enclosure A will be pasted in the front of the AO Pseudo-Isochromatic Plates book. -- C A SWANSON

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To: All Naval and MarCorps Activities (Continental). plus Comdts, 10th, 14th, 15th, and 17 ND's.

Subj: Annual Requisition for Care of the Dead.

Ref: (a) Article 1841(1), Navy Regulations.
(b) Ch. 3, vol. II, BuSanda Manual.

1. Preparation of annual requisition for care of the dead shall be in accordance with references (a) and (b) and this letter. Articles 23039(9) and 23037(2) of reference (b) do not apply, and these requisitions shall be forwarded to the Bureau of Medicine and Surgery for approval.

2. In the preparation of annual requisitions for the care of the dead, the following example is given as a guide. Quantities should be based on past experience in order that prospective bidders may know probable requirements. Do not use figures given in example.

EXAMPLE

Item No.	Article or Services	Quantity	Unit	Unit Price	Amount
1.	For sundry items of supplies and services, in such quantities and at such times as may be required for care of remains of deceased personnel during the fiscal year.				\$200.00
2.	For embalming, washing, shaving, clothing, and all other necessary preparation, including placement in casket and use of suitably equipped reception room and funeral parlor.	25	ea.	\$ 25.00	\$625.00
3.	For casket and outside box, as per specification (insert type & grade).	5	ea.	\$100.00	\$500.00
4.	For casket and outside box as per specification (insert type & grade).	15	ea.	\$ 60.00	\$900.00
5.	For transportation of remains to local cemetery, including hearse and one seven-passenger vehicle.	5	ea.	\$ 20.00	\$100.00
6.	For opening and closing of grave, including necessary attendants at cemetery.	5	ea.	\$ 10.00	\$ 50.00
7.	For delivery of remains to shipping point in contractor's ambulance or other closed conveyance.	24	ea.	\$ 5.00	\$120.00
8.	For delivery of remains to shipping point in hearse, with one seven-passenger vehicle.	1	ea.	\$ 15.00	\$ 15.00
9.	For care of remains shipped to (hospital or station) encased for burial; services to consist of transfer of remains from place of arrival to (hospital or station) or contractor's establishment, and care of remains pending burial or reshipment, including use of suitably equipped reception room and funeral parlor.	5	ea.	\$ 5.00	\$ 25.00
10.	For additional services under item 9, consisting of reemba1ming and rearrangement in casket.	2	ea.	\$ 25.00	\$ 50.00
11.	For additional services under item 9, consisting of transfer of body to another casket.	1	ea.	\$ 5.00	\$ 5.00
12.	For all necessary health-department permits.	30	ea.	\$ 1.00	\$ 30.00
13.	For transportation of remains to contractor's establishment from points within a 100-mile radius of the (hospital or station); agreed charge per mile to be based on one-way distance.	1200	mi.	\$.50	\$600.00
14.	For the engraving of metal name plate on casket, to be engraved with the name of deceased.	10	ea.	\$ 2.00	\$ 20.00
				Total:	\$2415.00

NOTES

1. Prospective bidders are informed that, as a policy, Navy standard caskets will be furnished for all bodies in lieu of the caskets specified herein.
2. All clothing required for properly dressing bodies will be furnished by the hospital or station.
3. Services to be rendered promptly upon receipt of notification, and all services rendered and material supplied to be of a kind and character satisfactory to the commanding officer. The bidder must state definitely the number of hours he will require, after receipt of notice, to begin and continue the services or to supply the material as the case may be. Expressions such as "one day" or "immediately" or "promptly" will not be accepted as responsive to the terms of this proposal.

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4. It is requested that proposals be submitted to the commanding officer before award shall be made in order that investigation may be made of quality of material and character of services bidders propose to furnish. Bidders will be required to exhibit to the commanding officer, or his representative, the finished casket, hearse, reception room, funeral parlor, etc., they propose to furnish, and give satisfactory evidence that they are prepared and equipped to furnish proper service. Unsatisfactory evidence will be sufficient reason for rejection of bids.

5. As there is not method of determining the needs of the hospital or station during the ensuing fiscal year, the quantity stated above for each item shall be understood to be estimated only for the general guidance of bidders. The estimates are based on actual requirements during the current fiscal year. The right is reserved by the hospital or station to exact more or to accept less than the quantities stated at the contract price, or to order none, as the needs of the public service may require.

SPECIFICATIONS FOR CONTRACTORS' CASKETS

Shall be in accordance with (insert title, number, and date of applicable specification), copies of which may be obtained upon application to the Bureau of Supplies and Accounts, Navy Department, Washington, D.C., except that naval activities should make application to the Supply Officer in Command, Naval Supply Depot, Bayonne, New Jersey. When requesting, refer to specification by both title and number.

3. For applicable specifications reference should be made to Index of Specifications used by the Navy Department, (NavSandA Publication No. 62), issued quarterly.

4. When the Navy standard caskets are not available, it is desired, in general, that use of contract caskets shall be as follows:

(a) For local burial or shipment within the United States when hermetical sealing is not indicated, use type and grade without inner seal.

(b) For overseas shipment, and special cases where extra protection is required or where law or transportation regulations require, use type and grade with inner seal.

5. At the naval hospitals or other activities beyond the continental limits of the United States, the instructions regarding use of local contract caskets will apply only when interment is to be local. All bodies to be returned to the United States shall be encased in Navy standard caskets.

6. In preparing this requisition, the above instructions should be modified only as necessary to meet local requirements. -- C A SWANSON

13 January 1947

To: MedOfsCom, NavHosps

Subj: Incapacity for Service in the Case of Officer Personnel, Instructions Regarding Submission of Recommendations Pertaining to.

1. The Secretary of the Navy has directed that instructions be given to insure that no officer is placed in line for retirement by reason of physical disability unless he is in fact totally and permanently incapacitated for service and is thereby entitled to such retirement. It has further been directed that all possible steps be taken and caution be exercised to fully protect the Government's interest as well as that of the patient, in this matter.

2. It should be noted (JG:CA:BJM:mgl, Nov 26, 1946) that the primary purpose of the laws governing physical retirement in the regular service is not to extend a benefit but is the means for separating from the active list an officer who is unable because of his physical condition to reasonably perform the duties that could normally be required of him. Retired pay is a collateral consideration and is provided to compensate an officer in some degree for loss of earning power because of his separation from the active list due to disease or injury incurred incident to his naval service; and as continuing remuneration to a member of the naval service who is subject to naval discipline and to recall to active duty on the retired list.

3. Title 34, U.S. Code, Section 411, and Section 956, NC&B provides that whenever any officer, on being ordered to perform the duties appropriate to his commission, reports himself unable to comply with such order, the President, at his discretion, may direct the Secretary of the Navy to refer the case of such officer to a Naval Retiring Board; and also provides for such optional action, whenever, in the judgment of the President, an officer is incapacitated to perform the duties of his office. It should be clearly understood that appearance before a naval retiring board, in these two instances, is a matter for the decision of the Secretary of the Navy acting for the President, rather than being mandatory upon request of the officer concerned.

In connection with the "right" of an officer to demand a hearing before a Naval Retiring Board it should be noted that Title 34, USC, Sec. 412 and Section 958 NC&B, states, "No officer of the Navy shall be retired from active service, or wholly retired from the service, without a full and fair hearing before a Naval Retiring Board, if he shall demand it, except in cases where he may be retired by the President at his own request, or on account of age or length of service, or on account of failure to be recommended by an examining board for promotion.

The provisions governing the appearance of officers before a naval retiring board after failure to qualify physically for permanent promotion are contained in 34 USC, 404h and Section 957 NC&B.

4. In considering what constitutes incapacity on the part of an officer to discharge his duties, the Attorney General has held, "physical incapacity is defined as a condition, bodily or mental, which unfits at present, or is likely to unfit in the near future, the officer for the performance of his duties. (Ref: LRNA, page 598.)

The Attorney General has further held that the incapacity of an officer to discharge his duties contemplated by the statute is not an incapacity to discharge them as well as they ought, theoretically, to be discharged by officers generally of the same rank and intrusted with similar duties. The law does not say that he must be incapable of performing his duties well but that he must be incapable of performing them at all, or, in other words, he must be unable to so perform them as to reasonably fulfill the purposes of his employment. (REF: LRNA, page 598.)

It is further required that a physical disability warranting retirement by reason of incapacity for service must be a permanent incurable disease or injury of such character as absolutely to disqualify for duty on the active list. (Sec. 964, NC&B.)

In the regular Navy an officer may not be promoted permanently to a higher grade on the active list, with an exception not here pertinent, until he has been pronounced physically qualified to perform all his duties at sea (34 USC, 271). This requirement is specifically made applicable to officers in the staff corps of the Navy (34 USC 284). In the Marine Corps permanent promotion to a higher grade may not be made until an officer is pronounced physically fit to perform all his duties at sea and in the field (34 USC 665). The general test of physical qualification for promotion is the basis upon which officers in the regular services are found to be fit for service, or be unfit so as to warrant their cases being brought before retiring boards, without regard to the particular duties which any individual officer, in fact, may be called upon to perform.

It may be held therefore, that when an officer becomes physically disqualified for promotion (permanent) or when his physical condition becomes such that he cannot perform his duties so as to reasonably fulfill the purpose of his employment, he has become physically incapacitated for service.

The Act of August 27, 1940, as amended (34 USC, Sup., 855c-1), extends to officers of the Naval Reserve the benefits of retirement for physical disability under certain conditions. The opinion has been expressed (JAG:CA:BJM:mgl, Nov 26, 1946) that the term "disability" as used in this Act, as amended, with respect to officers of the reserve forces, insofar as concerns physical retirement, means the same as the term "incapacitated for active service" as contained in section 1453, Revised Statutes, with respect to officers in the regular service. In this connection it should be noted that the term "disability" as used in the Act of August 27, 1940, as amended, does not have the same meaning as does the same term as

commonly used in the medical profession to indicate a defect or disease, whether or not it is in fact disabling for performance of duty.

5. In referring officers to a naval retiring board for a finding pertaining to the question of incapacity for service by reason of physical disability, the Navy Department attempts to refer at the same time a reasonably complete medical record in each individual case. In general the studies which have been conducted in a case are reviewed and reported upon by a board of medical survey, which, as a part of its function, expresses an opinion as to the fitness or unfitness of the individual concerned, for further service. In presenting these reports the Bureau, acting as medical advisor to the Secretary of the Navy, may recommend disapproval of a recommendation for appearance before a naval retiring board and further recommend that the individual be returned to duty; or the Bureau may approve a recommendation for orders to appear before the retiring board in order that the case may be further adjudicated by an independent board. The latter action is not intended to imply that the Bureau is of the opinion that the individual concerned should be found incapacitated for service. Such cases are frequently referred to a naval retiring board with the expectation that that board, acting somewhat as a court of last resort, will afford the individual concerned a full hearing, and arrive at a finding which after being processed by the Bureau of Medicine and Surgery, the Bureau of Naval Personnel or Commandant of the Marine Corps, and the office of the Judge Advocate General, will represent the final opinion of the Navy Department as to appropriate disposition in the case.

It must be clearly understood by all members of boards of medical survey, and by officers who appear before such boards, that a recommendation for the officers' appearance before a naval retiring board, does not establish the right of such officers to retirement by reason of incapacity resulting from physical disability. Such recommendations represent only a considered opinion by a local board and are forwarded solely for the purpose of guiding responsible authorities in effecting appropriate disposition of personnel concerned.

The determination of whether an officer is to be ordered to appear before a naval retiring board, excepting in those instances where such appearance is mandatory, is made by the Secretary of the Navy acting for the President; or by the Bureau of Medicine and Surgery and Bureau of Naval Personnel or Commandant Marine Corps, acting for the Secretary of the Navy. The retirement of an officer by reason of incapacity for service resulting from physical disability can only be effected where a naval retiring board finds an officer so incapacitated and the officer is legally entitled to such retirement and the finding is approved by the President.

6. The naval retiring boards are authorized by law to inquire into and determine the facts touching the nature and occasion of the disability of any officer ordered before them. There is also delegated to these boards such powers of a court-martial and of a court of inquiry as may be necessary. In the execution of the duty thus imposed by law the board is required to ascertain the nature and occasion of the disability and its character and effect, as temporary or permanent. (Section 959, NC&B). These powers and this authority are given the board in order that it may determine the facts and reach a conclusion in the matter before it. In view of these provisions of law pertaining to the powers and authority of the naval retiring boards, it is evident that such boards must regard the opinions and recommendations of boards of medical survey as representing only the considered opinion of the members of that particular board regarding the physical fitness of the individual reported upon. Such conclusions of boards of medical survey cannot be considered as establishing the right of the individual reported upon to be retired by reason of incapacity for service resulting from physical disability.

7. The foregoing is presented for information and guidance in the expectation it will assist in orientation in this matter. It is fully realized that many very difficult cases must be processed and that differences of opinion regarding disposition will continue to occur. It would seem however that a clear understanding of the procedures involved, and of the significance of each step in the procedure, will assist in minimizing some of the difficulties being encountered. It must be realized by all concerned that the representatives of the naval service who process these cases bear a three-fold responsibility in protecting the rights of the individual, of the service, and of the taxpayers as represented by the Government. -- C A SWANSON

BuMed Circular Letter No. 47-3

14 January 1947

To: All NavHosps

Subj: Hospitalization Status of Temporary Officers Reverting to Permanent Ratings in the Fleet Reserve.

1. Public Law 305, 79th Congress, approved 21 February 1946, authorizing the retirement of certain officers and enlisted men of the Navy, Marine Corps and Coast Guard, provides in section 8 that personnel appointed or advanced to or in commissioned rank pursuant to the Temporary Promotion Act of 24 July 1941, when reverting to their permanent status and to inactive duty, shall have the highest grade or rank in which, as determined by the Secretary of the Navy, they served satisfactorily under a temporary appointment. In the case of enlisted men advanced to warrant or commissioned rank and reverting to enlisted status when inactivated, while their pay and allowances will be in accordance with such enlisted status, they are authorized to use the rank and to wear the uniform of the highest rank in which they served satisfactorily in temporary status as determined by the Secretary of the Navy upon appropriate occasion.
2. Accordingly, personnel in the above status when admitted to naval hospitals may be hospitalized as retired officers if they so elect, but no ration checkage shall be made in view of the provisions of Section 207 of the Naval Reserve Act of 1938 which specifies that "Members of the Fleet Reserve and retired enlisted men shall receive the ration allowance prescribed by law for enlisted men of the regular Navy when such men are hospitalized in a Federal hospital in accordance with law."
3. Former enlisted men temporarily advanced to warrant or commissioned rank who are retired in such temporary rank for physical disability, and former enlisted men temporarily advanced to warrant or commissioned rank who, first reverting to enlisted status when inactivated, are subsequently transferred to the retired list with the rank of their former warrant or commissioned status, and with pay based on such status, are officers in fact and therefore are subject to ration checkage when hospitalized.
4. Enlisted personnel of the Navy, Marine Corps and Coast Guard, who are hospitalized as retired officers in accordance with the above law, shall be accounted for as follows:
 - (a) Report enlisted personnel of the Navy and Marine Corps, who are hospitalized as retired officers in accordance with Public Law 305, 79th Congress, approved 21 February 1946, and having been retired with pay of an officer, on lines 35 or 37 of the Ration Record, NAVMED-HF-36, as applicable. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for other retired officers reported on lines 35 and 37 of the above report, respectively.
 - (b) Report enlisted personnel of the Navy and Marine Corps, advanced to warrant or commissioned rank and having reverted to enlisted status when inactivated, inasmuch as their pay and allowances will be in accordance with such enlisted status, on lines 39 and 41 of the Ration Record, NAVMED-HF-36, as applicable. Reimbursement for subsistence at the rate specified in the annual Naval Appropriation Act will be effected by the Bureau.
 - (c) Enlisted personnel of the Coast Guard in the above status, who are hospitalized as retired officers, either with or without the pay of an officer, should be included on line 76 with all other "retired Coast Guard personnel." -- C A SWANSON

BuMed Circular Letter No. 47-9

28 January 1947

To: MedOfsCom, NavHosps

Subj: Operation of Professional Libraries in Naval Hospitals.

1. The medical libraries of naval hospitals are one of the most important and indispensable facilities. It is essential that commanding officers give great attention to them, to see that they are adequate in size, well lighted, quiet, suitably furnished, and located with a view to ready accessibility by the professional staff.
2. The services of a trained medical librarian should be utilized if possible. If this is not feasible, every effort should be made to assign a civilian employee who is interested in this type of work and has capabilities for it.
3. The library service should be such that books and medical journals may be readily obtained, either for short periods of reading in the library itself, or to be taken out for more prolonged use.
4. The library should be open during the regular working hours of the day. In hospitals where there are interns or residents, or where in the Commanding Officer's opinion there is sufficient demand for it, the library should be kept open during the evening, perhaps by utilizing enlisted personnel as the librarian's assistant for this task. -- C A SWANSON

RESTRICTED

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JOINT LETTER: BuMed -- BuPers -- MarCorps

27 January 1947

47-17

BuMed Circular Letter No. 47-17

To: All Ships and Stations

Subj: Travel Orders for Patients and Attendants (Officer and Enlisted)

Ref: (a) BuPers Cir Ltr No. 296-44; N.D. Cumulative Bulletin July-Dec 1944.
(b) BuPers Cir Ltr No. 367-44; N.D. Cumulative Bulletin July-Dec 1944.
(c) CMC Letter of Instruction No. 865, 16 Oct 1944.
(d) BuMed-BuPers-MarCorps Joint Cir Ltr No. 45-42.
(e) BuPers-BuSandA joint ltr, 12 Sept 1946; N.D. Bull., 15 Sept 1946.
(f) BuPers Cir Ltr No. 209-46; N.D. Bull., 15 Sept 1946.

1. In view of recent restrictions placed upon travel appropriations and in view of the reduction in naval and Marine Corps personnel, the following instructions are effective immediately for interhospital transfers of naval and Marine Corps patients.
2. Reference (b) is hereby canceled.
3. The provisions of references (a), (c), and (d) pertaining to the transfers of patients to naval hospitals nearer their homes at Government expense for their own convenience are hereby canceled.
4. All orders for transfers of officer and enlisted patients from a naval hospital in one naval district to a naval hospital in another naval district at Government expense will be issued by the medical officer in command of the naval hospital from which travel begins, after the transferring naval hospital has received prior approval from BuMed for such transfer.
5. Transfers of officer and enlisted patients between naval hospitals within the same naval district will be authorized by the commandant of the naval district. The medical officer in command of the transferring naval hospital will issue necessary orders to patients.
6. Temporary additional duty orders for enlisted and officer attendants will be issued by the Commandant of the naval district from which travel begins, in accordance with instructions outlined in refs (e) and (f).
7. One copy of each order issued in compliance with paragraphs 4 and 5 above will be furnished to BuMed, and one copy to BuPers or MarCorps, as appropriate. This letter will be used as reference in these orders. -- C A SWANSON -- L E DENFELD -- A A VANDEGRIFT

BuMed Circular Letter No. 47-18

20 February 1947

To: All Naval Activities, (Continental U.S.)

Subj: Return to United States of World War II Dead from Overseas Cemeteries.

1. Pursuant to Public Law 383, 79th Congress, approved May 16, 1946, entitled "An Act to provide for the evacuation and return of the remains of certain persons who died and are buried outside the continental limits of the United States," plans are being developed by the Office of the Quartermaster General, War Department, in cooperation with Headquarters, Marine Corps, U. S. Coast Guard and the Bureau of Medicine and Surgery, for the accomplishment of this task.
2. This program is one of great magnitude, as it involves all of the various theaters of operations of the War, and will be undertaken area by area. The remains of service personnel interred in cemeteries in the Territory of Hawaii will be the first to be returned, the earliest shipment to arrive approximately August, 1947. Early in March application forms and pamphlets will be mailed to the next of kin in these cases, and, as the operations proceed to other areas, the next of kin will be similarly contacted. It is estimated that the entire program will be completed within twenty months after the first shipment of remains in the United States.
3. The War and Navy Departments anticipate that many families will have moved from the places of residence of record at time of notification of death of their loved ones, and have failed to keep the proper offices informed. Therefore, considerable assistance may be rendered the War and Navy Departments, if the persons contacting you for information will be reminded to notify the proper office of any change of address.
4. Instructions regarding escorts will be furnished by the Bureau of Naval Personnel and Headquarters, Marine Corps. -- C A SWANSON

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BuMed Circular Letter No. 47-19

20 February 1947

To: MedOfsCom, NavMedCens, NavHosps, and NavDisps.

Subj: Reorganization to Provide More Efficient Dental Care for the Personnel of the U.S. Navy.

Ref: (a) Public Law 284, 79th Congress, 1st Session, Approved 28 Dec 1945.
(b) AlNav 343-46, 27 June 1946.
(c) All Ships and Stations letter, Op21D-jc, Serial 3369, P24, 27 June 1946.

1. Section 4 of reference (a) states that the Secretary of the Navy shall provide by regulations for establishing on ships and on shore stations dental services to be under the senior dental officer, who shall be responsible to the commanding officer of each such ship or shore station for all professional, technical and administrative matters in connection therewith. References (b) and (c) were issued to implement this section and the other sections of the Act.
2. The effect of Section 4 of this Act of 28 December 1945 and of references (b) and (c) is to place the care and treatment of all dental conditions under the control of the dental officer, subject to the direction of the commanding officer of the activity to which the dental officer is attached, as the law provides that the dental officer shall be responsible in all respects to the commanding officer.
3. Accordingly, at all activities of the Medical Department of the Navy which are under the command of a medical officer in command the dental service at such activities shall continue to operate under the same organization and function in the same manner that it was organized and functioned prior to the enactment of the Act of 28 December 1945. This directive is effective as of date of receipt and shall continue in effect until such time as it shall be modified or superseded by subsequent communication or communications. It applies to property and accounting, to staff and patient personnel, and to all other matters in connection with the dental service.
4. In the Manual of the Medical Department, paragraph 16A5, the organization of naval hospitals is prescribed. No change has been made in this organization by the Act of 28 December 1945 or by references (b) or (c). The medical officer in command continues to be charged with the command and the direction of the hospital for the purpose of carrying out its mission and the duties and responsibilities of the chief of the dental service are as set forth in paragraph 16A26 of the Manual. The dental service of a naval hospital, therefore, remains in the same position that it occupied prior to the enactment of the Act of 28 December 1945, without change; that is, the dental service, as a constituent part of the professional service of the hospital, operates and functions in all respects in the same manner as the surgical service, medical service, urological service, and other services operate and function.
5. This interpretation and directive shall apply to all naval dispensaries under the command of a medical officer in command to the extent practicable. -- C A SWANSON

BuMed Circular Letter No. 47-21

24 February 1947

To: All Ships and Stations

Subj: BuMed Field Records Schedule.

Ref: (a) Par. 12B11, ManMedDept.

1. Reports to the Bureau of Medicine and Surgery reveal several recent instances of unauthorized destruction of medical records.
2. Attention is invited to reference (a) which requires the retention of various medical logs included under item 74 of the BuMed Field Records Schedule, and the retention of copies of NAVMED-Y filed in patient's jacket or clinical record and copies recording final physical examination of personnel separated from the service.
3. The BuMed Field Records Schedule, which fixes the minimum time medical records must be kept before destruction, was authorized by the Joint Committee on Disposition of Executive Papers, 22 March 1945, House Report No. 359, 79th Congress, 1st Session. Regulations contained in reference (a) governing the custody and disposition of medical logs and NAVMED-Y's are BuMed amendments to the original schedule. These Bureau amendments possess the same legal authority as the original approved schedule, since an executive agency has authority to retain records longer than an authorized schedule requires but not to destroy them within a shorter period without the consent of Congress.
4. Strict adherence to all approved records disposal schedules is required under 57 Stat. 380-383, approved 7 July 1943, as amended by 59 Stat. 434, approved 6 July 1945. -- H L PUGH

RESTRICTED

47-23

BuMed Circular Letter No. 47-23 (RESTRICTED)

25 February 1947

To: Comits, NavDists

Subj: Medical Stores Allowance Lists for Chemical Warfare Training Schools.

Ref: (a) Defensive Chemical Warfare Manual FTP 222.

Encl: A. Basic Allowance List of Medical Material for Chemical Warfare Training Schools. (Available on request.)

1. Reference (a) provides that certain items of Medical Material shall be furnished for use in Chemical Warfare Training Schools. Accordingly, Enclosure A is forwarded herewith for information and guidance in establishing and maintaining such schools. Attention is invited to "Notes" included on Enclosure A.
-- H L PUGH

BuMed Circular Letter No. 47-25

27 February 1947

To: MedOfsCom, NavHosps, MedSupDepots, and Storehouses.

Subj: Flammable Liquids and Floor Wax Combinations, Cleaning or Refinishing Floors with.

Ref: (a) Yards and Docks CirLtr 143-44, 20 Oct 1944.

1. Gasoline, acetone, benzine, naphtha, kerosene, paint thinner, turpentine, petroleum spirits, paint remover or any flammable solvents (by whatever trade name known) shall not be issued for cleaning floors of buildings.

2. In refinishing, removal of wax or other floor surface finish shall be accomplished by scraping, sanding, rubbing with an abrasive, or using a nonflammable compound. If, however, it is necessary in exceptional cases to employ small quantities of flammable liquids with flash point not less than 100° F., during refinishing, such work shall be performed by maintenance forces or painting crews, if possible, and shall be carried out under strict supervision.

3. The following safeguards and precautions shall be enforced whenever circumstances necessitate use of a flammable liquid during refinishing:

(a) Work shall be performed only when the building has as few persons as possible in the areas to be worked on.

(b) The main electrical switch for the entire building shall be disengaged and work done by natural light. When this is not practicable, disconnect all electrical appliances and machines in the vicinity.

(c) Exceptional care shall be taken that no spark-producing device or open flames are in the vicinity.

(d) No smoking shall be allowed in the area where the work is performed.

(e) All possible natural ventilation shall be provided by keeping windows and doors open.

(f) Glass containers shall not be used. Pouring flammable liquids into glass bottles often generates static and an explosion or fire may result.

(g) Only approved safety cans and minimum working quantities of liquid shall be used. Cans must be kept in good condition.

(h) Closed metal cans for cleaning rags shall be provided and contents of cans shall be removed from building promptly.

(i) Extra CO₂ or foam portable hand fire extinguishers shall be provided as stand bys.

(j) Personnel shall familiarize themselves with fire fighting equipment necessary to extinguish flammable liquids and be prepared for an emergency

3. Only non-slip water emulsion wax shall be used to refinish old floors or to finish new floors. No type of slippery wax, whether cut or not cut by flammable liquids, shall be used. -- H L PUGH

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BuMed Circular Letter No. 47-27

27 February 1947

To: MedOfsCom, NavHosps; NavMedSupDepots, National Naval Medical Center, Bethesda, Md.; Naval Medical Center, Guam, M.I.; Naval Medical Research Unit #3, Cairo, Egypt.

Subj: Industrial Relations Officer (Civilian Personnel Officer), Assignment of.

Ref: (a) NCPI 125 (Rev. I).
(b) NCPI 135 (Rev. I).

1. A review of copies of personnel actions being furnished the Bureau (Form NAVEXOS-1200 Rev. 3-45) indicates that officers on the staffs of Medical Department field activities other than the Medical Officer in Command have been effecting personnel actions for all civilian employees.

2. Authority to effect actions involving accessions, changes and separations of employees in Group IVa (except as provided in NCPI 135.2-3c.(a)) and in Group IVb (except as provided in NCPI 135.2-3d) has been delegated to commandants, commanders and other commanding officers and to Industrial Relations Officers (Civilian Personnel Officers), under certain conditions as stated in reference (b). This authority cannot be redelegated. Officers acting in the absence of appointing officers should sign as "Acting," but personnel actions signed by officials other than the proper appointing officer "By direction" are not legal. In no event may removals, changes to lower grade or suspensions as the result of disciplinary actions or transfers involving travel or transportation at Government expense be effected by an officer other than the commanding officer.

3. Authority to effect actions involving accessions, changes and separations of employees in Groups I, II, and III may be effected by other persons designated by the appointing officer except in cases of removals for disciplinary reasons. However, it is desirable that such actions be effected only by the Medical Officer in Command or the Industrial Relations Officer (Civilian Personnel Officer) whenever practicable.

4. Attention is invited to paragraph 5-5 of reference (a) which states that no assignment of an officer or civilian employee as Industrial Relations Officer (Civilian Personnel Officer) shall be made officially without prior approval of the cognizant Bureau. -- C A SWANSON

BuMed Circular Letter No. 47-28

28 February 1947

To: All Ships and Stations

Subj: Caskets, Inspection of.

1. Information received from various field activities indicates the necessity for careful inspection of all caskets prior to use. Mildew of lining and excelsior stuffing and deterioration of rubber closure gaskets are the most common defects found. Rusting of metal parts, chipped paint and bent or broken handles should also be carefully checked during inspection procedures.

2. Because of the scarcity of specification materials, certain contractors were permitted to use sub-standard parts in casket manufacture. In order to ascertain gross deterioration of caskets delivered under the below contracts, it is directed that all caskets manufactured by Atlanta Metallic Casket Company, bearing requisition No. NT4-2-3010-46 and/or contract No. NL40s-73623A on hand in ships and stations, excluding medical supply facilities, be examined for defects as outlined in paragraph 1. Immediate report of all such defects noted shall be made to the Chief of the Bureau of Medicine and Surgery, attn: Materiel Division, Pearl and Sands Streets, Brooklyn 1, New York, giving date of receipt and other pertinent particulars for each defective casket. Defective caskets reported in accordance with provisions of this paragraph shall not be used, repaired, or disposed of prior to receipt of specific instructions from BuMed.

3. Disposition or repair of defective caskets received under requisition or contracts, other than those noted in paragraph 2 above, shall be accomplishment in accordance with provisions of the Manual of the Medical Department. -- H L PUGH

BuMed Circular Letter No. 47-29

3 March 1947

To: Medical Officers and Dental Officers

Subj: Policy Regarding Assignment of Personnel to Duties Dealing Primarily with the Materiel Aspects of Medical Department Logistics:

1. The recent hostilities emphasized the military axiom that, to wage war successfully with the minimal loss of human life, it is imperative that the necessary forces, facilities, services and materiel be at the places where they are needed, when they are needed and in the numbers or quantities required. The term "logistics" encompasses the methods by which this required varied support is determined and provided, and the means by which its accomplishment is executed. The realization of this dictum requires the co-ordinated application of many specific knowledges, skills and technics throughout the strata of an integrated logistics organization.

2. The availability of materiel largely determines the effectiveness of performance of all other logistics support functions, in peace or in war; thus the scope and timing of military operations is dependent upon the materiel means which will be available. Adequate logistic accomplishments, which include the availability and timely supply of the materiel required, can only be attained when there is realistic correlation of the strategic-tactical concepts, the materiel and manpower capabilities, and the nation's productive capacities.

3. The primary functions of the Medical Department of the Navy in peace and in war are, in the broad sense, all logistic in nature--designed to provide the required medical support for the naval forces ashore and afloat. For the effective discharge of these paramount responsibilities of the Bureau--the proper care of the sick, the injured or wounded, the prevention of disease, and the maintenance of the highest attainable degree of physical fitness--it is mandatory that there be efficient accomplishment of all aspects of its logistic performance. Here, again, the materiel aspect of logistics effort is of utmost and determining importance. It is therefore imperative that a cadre of specially trained and experienced medical and dental officers in the ranks of Lieutenant-Commander and above be available at all times to furnish effective planning, direction and control in the realm of medical department materiel logistics system in peacetime, and will constitute the essential source of the key personnel for expansion of the system during war.

4. In order that medical and dental officers may assume the above responsibility and receive due recognition for this important assignment, and yet maintain or improve their professional proficiency, the following policies regarding duty in the medical department logistics system is announced herewith:

(a) After satisfactory completion of a tour of duty in the medical department materiel logistics system, medical officers will be assigned to duty in naval hospitals, or to postgraduate instruction courses in naval hospitals or civilian medical institutions; similarly, dental officers will be assigned to dental clinics or to postgraduate instruction.

(b) Medical and dental officers with seniority normally calling for administrative assignment may request consecutive logistic system billets.

(c) Senior and Junior standards will be established for certification as qualified medical logistic specialists. An appropriate symbol will appear opposite the officer's name in the Register of Commissioned Officers as is done for other recognized specialties.

(d) Elementary logistics courses will be included in the curriculum of the Naval Medical School and the Naval Dental Schools.

(e) Junior certification will be awarded to officers who have satisfactorily completed a tour of duty in the echelons of the medical logistics system, have done the necessary collateral reading and have submitted an acceptable thesis upon an assigned subject.

(f) Senior certification will be awarded to graduates of the Industrial College of the Armed Forces, the Naval War College Logistics Course, or the Armed Forces Staff College, or to officers with equivalent service experience.

5. The following assignments are designated as billets in medical department materiel logistics, and will be filled by qualified officers of appropriate rank:

	Medical Officers	Dental Officers
(1) <u>Bureau of Medicine and Surgery</u>		
# Chief of Materiel Division	1#	
Assistant Chief Materiel		
Division and Requirements Officer	1	
Dental Materiel Officer		1
Materiel Projects Officer	1	
Professional Supervisors for Materiel	3	1
(2) <u>Assistant Secretary of Navy, Materiel Division</u>		
Medical Materiel Officer	1	
(3) <u>Army-Navy Medical Procurement Agency</u>		
# Director or Deputy-Director	(1)#	
<u>Army-Navy Medical Procurement Office</u>		
Commanding Officer or Executive Officer	1	
Division or Branch Heads	2	1

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	Medical Officers	Dental Officers
(4) <u>Continental Shore Establishment</u>		
Naval Medical Supply Depots, Brooklyn, N.Y., and Oakland, Calif.:		
Medical Officer in Command	2	
Executive Officer	2	
Dental Materiel Officer		2
Requisitions and Requirements Review	2	
(5) <u>Extra-Continental Shore Establishments</u>		
Naval Medical Supply Depots, Pearl Harbor, T.H., and Guam, M.I.		
Medical Officer in Command	2	
Executive Officer and Requisitions and Requirements Review Officer	2	
Dental Advisor		*
(6) <u>Fleets</u>		
Commander in Chief Fleets, Atlantic and Pacific:		
Logistics Staff**	*	*
Commander Service Forces, Atlantic and Pacific:		
Force Medical Officer**	2	
Logistic Assistants**	2	2
(7) <u>U.S. Marine Corps</u>		
Commanding General, FMF, Atlantic and Pacific:		
Logistics Staff**	*	*
Commanding General Supply Service, FMF, Atlantic and Pacific:		
Force Medical Officer**	2	
Logistic Staff**	*	*
(8) <u>Industrial College of the Armed Forces</u>		
Student Officers	2	1
(9) <u>Naval War College Logistics Course**</u>		
Staff (Instructor)**	1	
Student Officers**	2	1
(10) <u>Armed Forces Staff College**</u>		
Staff (Instructor)**	1	
Student Officers**	2	

Same officer fills both billets

* Assignment regulated by requirements of service

** Covers the broad field of logistics of which materiel logistics is a part.

6. Medical and dental officers in the ranks of Lieutenant-Commander or above who desire assignment to duty in the medical materiel logistics system are requested to submit applications through channels to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C. -- C A SWANSON

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13 March 1947

47-31

To: Comdts, NDs (less 10, 15, 16, 17), PRNC, and Chief, Naval Air Reserve Training

Attn: DMOs, DDOs and all MedDept Personnel concerned.

Subj: Training Program (in Armories) for Naval Reserve Hospital Corpsmen.

Encl: A. "Outlines for Naval Reserve Curricula, Hospital Corps, Class "P", "A", and "B". (Available on request.)

1. Advance copies of Enclosure A are forwarded for the information and guidance of all Medical Department personnel concerned with the implementation of the Training Program for Naval Reserve Hospital Corpsmen. Further copies as required will be furnished upon request.
2. Enclosure A lists and outlines the curricula for armory instruction of enlisted members of the Hospital Corps attached to the various components of the Naval Reserve. These curricula are being prepared for printing and will be mailed to addressees when completed.
3. The training program for enlisted personnel of the Hospital Corps is patterned after that of the Regular Navy. As soon as a new man is enlisted he will be assigned to a Recruit Class (for a period of indoctrination, drawing clothing, etc. - no formal curriculum provided), then to the Class "P" school for the initial instruction established for Hospital Apprentices. The Class "P" curriculum consists of 96-45 minute periods, which, at the rate of two periods per night, will require about one year. Upon satisfactory completion of this course the man will be ready for advancement to Hospital Apprentice First Class, and assignment to the Class "A" school.
4. The Class "A" curriculum provides for 160-45 minute periods, and will require about 1 year, 8 months. Satisfactory completion of this course will cover the armory training requirements for advancement to Pharmacist's Mate Third or Second Class and assignment to the Class "B" school. Grades attained in subject matter and authorized complements will be factors in determining whether a man earns Third or Second Class Pharmacist's Mate, United States Naval Reserve.
5. The Class "B" curriculum provides for 240-45 minute periods, requiring about two and one-half years. Satisfactory completion of this course, grades attained in subject matter, and authorized complements will be factors in determining whether a man is advanced to Pharmacist's Mate First Class or to Chief Pharmacist's Mate, United States Naval Reserve.
6. Specific requirements for advancement, including time in rating, as established in Part H, Bureau of Naval Personnel Manual, and current directives will govern advancements in rating of enlisted personnel of the Hospital Corps Naval Reserve.
7. In view of the manner in which the various curricula are sectionalized, it will be practical for a new man to enter any course at almost any time regardless of when the course actually commenced. If any man is able to demonstrate by examination that previous experience or training has qualified him in one or more of the sections, his Division Instructor may, in his discretion, exempt him from taking that part of the course. The essential purpose of this training program is to maintain the training level of Hospital Corpsmen in the Naval Reserve as far as possible on a par with that of the Regular Navy.
8. The courses of instruction outlined in Enclosures (A) are intended for use in the instruction of enlisted Hospital Corpsmen in both Organized Units and Volunteer groups of the Naval Reserve.
9. The authorization of an annual two weeks training cruise for enlisted Hospital Corps personnel of the Volunteer Naval Reserve at major Medical Department activities is under consideration.
10. Allowance lists of authorized Medical Department supplies and equipment for armory instructional purposes based on the curricula outlined in Enclosures (A) are being prepared by the Bureau and will be forwarded to District Commandants for implementation in the near-future. -- C A SWANSON

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47-34

BuMed Circular Letter No. 47-34

20 March 1947

To: MedOfsCom, NavHosps

Subj: Facilities of Red Cross Activities, Maintenance of.

Ref: (a) OpNav ltr OP30-ad Serial 596330, dtd May 29, 1943.
(b) Art. 1478, Navy Regulations, 1920.

1. Information received in this Bureau indicates the existence of a misunderstanding pertaining to the status of American National Red Cross activities in naval hospitals.
2. Commanding Officers are authorized by reference (a) and (b) to provide suitable space for activities of the Red Cross attached to the Command.
3. The maintenance, including cleaning supplies and services, of spaces so assigned within the command, will be provided by the hospital at no charge to the Red Cross. -- H L PUGH

BuMed Circular Letter No. 47-35

24 March 1947

To: MedOfsCom, NavHosps (Continental Limits)

Subj: Rehabilitation Program.

Ref: (a) Par. 5137, ManMedDept.
(b) AlNav #308, dtd 11 June 1946.

1. Reference (a) which directs that a quarterly report of the progress of the Rehabilitation Program in all naval hospitals be forwarded to this Bureau is hereby canceled.
2. This action should in no way be construed as meaning that this Bureau has a lessening interest in this vital phase of medical care, or that commanding officers should not continue in every possible way to promote an active and effective program. Continuing emphasis will be directed to the component phases of the program during the course of the semi-annual inspections by the District Medical Officer, and effective procedures will be expected in all phases of the program.
3. Physical therapy and occupational therapy shall be continued in all hospitals, and the highest type of professional care is expected in these specialties. Those phases of the Physical Training Program which have proved to be of the most value to the individual hospitals in the care of patients shall be continued under the direction of the physical therapy technicians. Every effort is being made to provide an adequate staff in these specialties.
4. Reference (b) directed that the Educational Services Program should remain in effect at all naval activities. This program is considered to be especially important in naval hospitals, and all commanding officers shall support as active a program as is possible with the personnel available. As pointed out in ref (b), Educational Services officers trained by BuPers are no longer available for assignment to individual stations, but each commanding officer was directed to provide an Educational Services Officer from within his command, at least on a collateral duty basis. It has been noted on the quarterly educational services report, NavPers 2418, that some hospitals report very little activity in this regard. Immediate steps shall be taken to remedy these deficiencies.
5. Civil Readjustment shall continue as a permanent function of the Rehabilitation Program in a sufficient capacity to meet existing requirements of each hospital. Hospital Corps officers attending the School of Hospital Administration at the National Naval Medical Center, Bethesda, Maryland, receive training in this procedure and are available for this duty when assigned to naval hospitals. The monthly report of Civil Readjustment processing continues to be of considerable value to the Bureau and shall be submitted in accordance with Par. 5128, Manual of the Medical Department. -- C A SWANSON

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BuMed Circular Letter No. 47-36

24 March 1947

47-36

To: MedOfsCom, NavHosps

Subj: Hospital Welfare Funds, disposition of.

Ref: (a) SecNav ltr, 17 May 1946 (N.D. Bull. Item 46-1071).
(b) BuPers Cir Ltr No. 216-46, 23 Sept 1946 (N.D. Bull. Item 46-1942).
(c) BuMed Cir Ltr 43-146, 11 Sept 1943.

1. In accordance with references (a) and (b), determination whether an independent recreation fund is to be maintained at any naval hospital is for local decision in accordance with local circumstances, such as the proximity of a hospital to a local superior command, the type of such command, the size of the hospital, the availability of funds and usual sources of income. Regardless of the conclusion reached as to the maintenance of an independent recreation fund, funds donated specifically for hospital patients are to be utilized solely for that purpose.

2. In view of the mission of naval hospitals and of differences between recreational and welfare needs of the sick and wounded and those of the able-bodied, it would seem better, as a general policy, that the welfare or recreation funds of naval hospitals shall be maintained separately and not merged with similar funds of a training station, shipyard or other naval activity. The individuals and organizations contributing funds to naval hospitals do so because they wish to aid the sick and disabled and to have their gifts devoted specifically and solely to this purpose. The patients in our naval hospitals have greatly benefited from the funds contributed and administered in this way. This Bureau therefore desires that, where advantageous, the recreation or welfare funds of naval hospitals shall be continued as separate funds for expenditure directly on authorization of the medical officer in command, subject, of course, to the controls set forth in references (a) and (b).

3. The Chief of Naval Personnel has concurred with the principles expressed above with the statement that the existing regulations and instructions governing recreation funds are intended to guarantee adequate welfare and recreation funds and facilities to all commands, including naval hospitals.

4. Funds donated to naval hospitals shall be handled in accordance with ref (c).-- C A SWANSON

BuMed Circular Letter No. 47-37

24 March 1947

To: All Ships and Stations

Subj: Stock No. 1-607-875, Rabies Vaccine, 14 Doses; Requisitioning and Stocking of.

1. In the future, subject item will be stocked by medical supply depots and hospital ships only and shall not be stocked by field activities.

2. Requisitions for rabies vaccine shall be submitted by priority dispatch to the nearest naval medical supply depot or hospital ship.

3. Delivery of the needed vaccine shall be expedited to the requisitioning activity by the first available air transportation.

4. Existing supplies of the vaccine which are at present in stock in field activities shall be retained for their total potency period. -- C A SWANSON

BuMed Circular Letter No. 47-39

28 March 1947

To: All Stations

Subj: Accounting Instructions, Medical Supply Depot Equipment Reclassified as Supplies

Ref: (a) BuMed Cir Ltr No. 46-143.

1. It has come to the Bureau's attention that various stations are misinterpreting instructions contained in reference (a) for assignment of stock numbers to "nonlisted" items of medical department property.

2. Items carried in stock ledgers not having a Navy stock number, in either the BuMed Section or General Stores Section of the Catalog of Navy Material, shall be assigned stock number under the applicable class in the General Stores Section of the Catalog of Navy Material. This procedure shall also be followed in assigning stock numbers to nonlisted items received from and invoiced by naval medical supply depots. For example:

Transfer of Class 5(NL) Dental Equipment and Supplies to Class--7 Hospital Equipment and Supplies

<u>Item No.</u>	<u>Old Stock No.</u>	<u>New Stock No.</u>	<u>Item</u>
1	5-NL	57-S-726	Sterilizer, autoclave, electric, 110V, 60C, AC, complete with cabinet

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3. The last series of digits in the new stock number may be arranged in any numerical sequence but care should be taken to avoid a duplication of a stock number already in use in General Stores Section of Catalog of Navy Material.

4. This letter is for clarification only and does not modify reference (a) in any manner. -- C A SWANSON

JOINT LETTER: BuMed -- BuPers

3 April 1947

BuMed Circular Letter No. 47-42

To: MedOfsCom, NavHosps

Subj: Weekly Census Report of Persons Confined (NavPers-3003); Preparation of by Naval Hospitals.

Ref: (a) Manual for Naval Places of Confinement. (Appendix J-2)
(b) BuPers ltr Pers-585-AH.

1. The subject report is submitted weekly, for the period ending at 2400 Friday, of numbers, commitments, receipts, transfers and releases of personnel in confinement.

2. References (a) and (b) are modified in part, as itemized below, for U.S. Naval Hospitals in submission of this report.

Item 5

Indicate the number of Navy, Marine, Coast Guard, other and the total number of prisoners actually under sentence who are undergoing medical treatment as of 2400 Friday. This figure will include prisoners who have been transferred as patients from brigs, Re-Training Commands and Disciplinary Barracks for hospitalization. Do not include patients, such as psychiatric, quarantineable and others, requiring confinement only for medical reasons.

Item 9

Indicate the number of Navy, Marine, Coast Guard, other and the total number of persons who are confined for all other reasons as of 2400 Friday. Do not include patients such as psychiatric, quarantineable and others, medically requiring such confinement. Do not include any person who is serving a sentence. This item includes the following category: Awaiting transfer (except any person awaiting sentence, Item 7, or awaiting trial, Item 8), held for safekeeping (referring to those held for disciplinary reasons not classified elsewhere), awaiting instructions, awaiting reports, undesirables, homo-sexuals, held as material witness, held pending investigation, etc.

Item 10

Leave blank, not applicable to Naval Hospitals.

Item 11

Indicate the total number of Navy, Marine, Coast Guard, other and the grand total number of persons confined for disciplinary reasons as of 2400 Friday (total of Items 7, 8, and 9). Do not include prisoners under sentence.

Item 17

Indicate the number Navy, Marine, Coast Guard and other and the total number of non-sentenced persons committed for disciplinary reasons during the week.

Item 18

Indicate the total number of Navy, Marine, Coast Guard, other and the grand total number of persons confined for disciplinary cause during the week, regardless of the manner or purpose of confinement (total of Item 13 plus Item 17).

Item 21

Indicate the number of non-sentenced Navy, Marine, Coast Guard, other and the total number of persons released from disciplinary confinement status during the week. Do not include any person under sentence.

Item 22

Indicate the total number of Navy, Marine, Coast Guard, other and the grand total number of persons released from disciplinary confinement status during the week (total Items 19, 20, and 21).

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3. Reference (a) is further modified to include the following:

General Court-Martial Prisoners will be listed on the reverse side of the form (NavPers-3003) giving name, rate, serial number, date and place of receipt, transfer or other change in status.

Example:

General Court-Martial Prisoners			
Doe, John	0000000	AS	<u>Received</u> 1-10-47 U.S.N. Disciplinary Barracks, Norfolk, Virginia
Doe, John	0000000	AS	<u>Transferred</u> 1-12-47 U.S.N. Hospital, Bethesda, Maryland

-- C A SWANSON -- T L SPRAGUE

3uMed Circular Letter No. 47-43

7 April 1947

To: Comdts, NDs and RivComs

Subj: Contracts for Medical Services for Officers and Enlisted Men Attached to Naval Reserve Officers' Training Corps Units.

Refs: (a) Article 1189, N.R.
(b) Part III, Chapter I, ManMedDept.

1. It has come to the Bureau's attention that the majority of colleges and universities throughout the country where NROTC Units have been established have a Student Health Plan of some kind for the care and treatment of minor injuries and illnesses suffered by their students, the cost for such service being included in the tuition. It is believed that in many instances medical care and treatment could be obtained for the active duty naval personnel attached to the NROTC Units at these various colleges and universities on the same basis and to the same extent as is provided the students under their respective Health Plans through contracts entered into between the Navy Department and the school concerned. The Bureau is of the opinion that such contracts may properly be negotiated through the office of the Commandant of each Naval District, and it is accordingly suggested that steps be taken to contact officials of the various schools with a view to determining whether such an arrangement would be agreeable. In the event the proposal is favorably received, a requisition covering the services to be provided should be prepared by the District Medical Officer and forwarded to this Bureau for approval. After the requisition has been approved, contract may be entered into and payments as prescribed therein made by the District Disbursing Officer. It is requested that the Bureau be furnished a copy of each completed contract.

2. In the event the above program is considered feasible, a requisition for these services should be submitted under Appropriation 1781102, Medical Department, Navy, 1948 and a contract entered into, effective 1 July 1947 or as soon thereafter as the necessity may demand. Payments should be made by the District Disbursing Officer in accordance with the requirements of the individual school. It is not considered advisable to make contracts for these services prior to that time due to the limited time remaining in the current fiscal year. In preparing the requisition, care should be exercised to see that only those services rendered under the Student Health plan which would be applicable to active naval personnel are included therein.

3. Where contracts are in effect, it will be necessary that appropriate entries be made in the health record of each individual furnished treatment under the contract, in order that the medical history may be completed in each case. Treatment or services required by the staff personnel which are not covered by contract should be procured on Form U basis in accordance with instructions contained in reference (b).

4. The above procedure is not contemplated at schools located where naval medical facilities are available. -- C A SWANSON

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8 April 1947

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To: All Ships and Stations

Subj: First-Aid Kits in Aircraft

1. Three types of aircraft first-aid kits are procured and supplied by the Bureau with the intention that first-aid equipment shall be available to all flying personnel in the event of injuries sustained during flight, crashes, ditching, or bail-out:

- Kit, first-aid, aeronautic, stock No. 9-196-650, which is installed in aircraft;
- Kit, first-aid, aviator, camouflaged, stock No. 9-197-675, which is worn on the person; and
- Kit, first-aid, pneumatic life rafts, camouflaged, stock No. 9-227-875, for aircraft pneumatic life rafts.

2. Kit, first-aid, aeronautic, will be installed in appropriate aircraft in the following quantities in such locations as to be accessible to all personnel during flight and in case of ditching:

<u>Type of aircraft</u>	<u>Letter designation</u>	<u>No. of kits</u>
Type V heavier-than-air (fixed wing):		
Fighter (single place)	VF	0
Fighter (multiplace)	VF	*1
Attack (single place)	VA	0
Attack (multiplace)	VA	*1
Patrol (heavy land)	VP(HL)	2
Patrol (heavy sea)	VP(HS)	4
Patrol (medium land)	VP(ML)	2
Patrol (medium sea)	VP(MS)	3
Observation (single place)	VO(SF)	0
Observation (multiplace)	VO(MP)	*1
Transport, 4-engine (sea)	VR(HS)	6
Transport, 4-engine (land)	VR(HL)	4
Transport, 2-engine (land)	VR(ML)	3
Utility, 2-engine	VU	2
Utility, 1-engine	VU	1
Advanced Trainers, 2-engine	VT	2
Advanced Trainers, 1-engine	VT	1
Primary Trainers, 1-engine	VT	1
Gliders	VG	1
Type H heavier-than-air (rotary wing):		
Air-sea rescue	HH	2
Observation	HO	1
Training	HT	1
Transport	HR	2
Utility	HU	1
Type Z lighter-than-air:		
Patrol and escort	ZP	2
Training	ZT	2
Air-Sea Rescue	ZH	3
Utility	ZU	2

*One for each passenger compartment.

These quantities are minimum only and in no way limit the number carried if local conditions require more. First-aid kits, aeronautic, as well as first-aid equipment of other types, shall be inspected at 3-month intervals, or more frequently if necessary, to insure constant availability of an adequate supply of first-aid equipment to personnel in flight. Damaged or deteriorated contents should be replaced as required.

3. Kit, first-aid, aviation, camouflaged, is intended to provide flying personnel with an individual source of certain medical supplies for use when kits, first-aid, aeronautic, are not available. It is designated to be worn or carried on the person for self-treatment. These kits should be kept available for issue when circumstances warrant.

4. Kit, first-aid, pneumatic life rafts, camouflaged, is issued on the basis of one per multiplace life raft. It is intended to provide flying personnel with a source of certain medical supplies in all multiplace life rafts for use in treating injuries sustained while accomplishing emergency water landings or for subsequent use.

5. The supply of morphine in kit, first-aid, aeronautic, will be discontinued. Until such time as the supply now on hand is exhausted, morphine will be removed from kits, first-aid, aeronautic, installed in aircraft, except when fleet commanders determine that morphine should be included because of the special nature of the operations in which the airplanes are employed. When fleet commanders determine that morphine should be included in aircraft first-aid kits, it will be supplied by the medical department and adequate provision will be made for safeguarding it.

6. The supply of morphine in kit, first-aid, aviator, camouflaged, stock No. 9-197-675, and kit, first-aid, pneumatic life rafts, camouflaged, stock No. 9-227-875, will be continued. The various commands concerned will determine their own policies as regards the supply of kits, first-aid, aviator, to flight personnel and will make provisions for safeguarding morphine contained in the individual aviator and life-raft kits. -- C A SWANSON

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BuMed Circular Letter No. 47-45

9 April 1947

47-45

To: MedOfsCom, NavHosps

Subj: Hospital Accounting Instructions, Change in.

Ref: (a) Hospital Accounting Instructions.

- Encl: *1. Two (2) copies, pages 8 to 11, 39 to 41, 44, 45, and 60 to 67.
*2. Two (2) copies, pages 117(d), 117(e) and 125.
*3. Two (2) copies of corrections to be made in ref (a).

*(Omitted from this printing--Available upon request.)

1. Enclosures 1 and 2 modifying ref (a) are forwarded for insertion in the hospital's copies of the Hospital Accounting Instructions. The corresponding pages including page 8(a) are to be removed.
2. The instructions outlined in enclosures 1 and 2 shall be instituted effective 1 July 1947, although enclosure 1 may be instituted earlier at the convenience of the hospital.
3. The changes indicated on enclosure 3 are to be made with pen and ink. -- C A SWANSON

BuMed Circular Letter No. 47-46

14 April 1947

To: All Ships and Stations

Subj: Bureau of Medicine and Surgery Section, Catalog of Navy Material--Declassification of.

1. Subject publication is hereby declassified, effective immediately. -- C A SWANSON

BuMed Circular Letter No. 47-49

18 April 1947

To: MedOfsCom, All Naval Medical Research Activities.

Subj: Hospital Corpsmen for MRA (Medical Research Assistants) Designations.

Ref: (a) Ltr Chief of Research Division to Research Units, BuMed-X-RR/ch, 19 Aug 1946.

1. Reference (a) requested all research activities to submit a list of men who were qualified for designation as Medical Research Assistant (MRA). As a result of this request, eighty-two (82) hospital corpsmen so far have been designated.
2. In view of the fact that no formal course of instruction has been established nor personnel allowance authorized under the Hospital Corps Training Program for enlisted members of the Hospital Corps, who may wish to qualify as Medical Research Assistants (MRA), personnel assigned to Medical Research activities who qualify through on-the-job training in a research specialty (or specialties), may be recommended to this Bureau for approval of designation as MRA.
3. For the purpose of civilian educational accreditation, future assignment to duty, and possible evaluation toward advancement in rating, it is directed that a record be kept of special training and qualification in the field of Medical Research. When recommending a man for the designation MRA, this record shall be submitted to BuMed for incorporation in his official file jacket. An appropriate entry shall be made in the man's service record. -- C A SWANSON

BuMed Circular Letter No. 47-50

21 April 1947

To: All Medical Department Activities

Subj: Civilian Awards Certificates; Recommendations for.

Ref: (a) SecNav ltr, 11 Jun 1946; N.D. Bull. 30 June 1946, Item No. 46-1326.

1. The Civilian Awards Board of the Navy Department recently met with representatives of the various bureaus for the purpose of establishing a uniform policy in connection with the awarding of certificates to civilians and civilian organizations in recognition of outstanding services rendered to the Navy during World War II.
2. As outlined in reference, awards will be made by each bureau in acknowledgement of services rendered to their respective activities, and only in rare cases where the services were of a particularly outstanding and exceptional nature and of a Navy-wide importance, will consideration be given to awarding a letter from the Secretary of the Navy or for the President's "Medal for Merit".

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3. To give due recognition to the conspicuous and highly significant service rendered the Bureau and Medical Department during the War by individual civilians and civilian organizations, the Bureau will give consideration to recommendations, forwarded to the Bureau by Medical Department activities, for awards in appropriate cases. It is intended that municipalities and local governments whose outstanding service to the Medical Department should be recognized will be included in recommendations meriting consideration. For civilian organizations, including municipalities, the award will be a "Certificate of Achievement"; for individuals a "Certificate of Appreciation." It is expected that due discretion will be exercised in recommending awards, attention in this respect being invited to the comments in paragraph 2 of reference. As a suggestion regarding eligibility, recognition may be given to those who engaged on behalf of the Medical Department of the Navy in outstanding research, development, administration or promotional activities, instruction, training, consultative services, etc., or in provision of essential services or facilities.

4. Recommendations for awards should be received by the Bureau in the form of a letter containing an outline of the services considered sufficiently outstanding to merit this recognition. Care should be taken to see that the names of the individuals or organizations are correctly given.

5. When approved, and the Certificate of Appreciation, or Certificate of Achievement is received, the Bureau desires that its presentation will be made with appropriate ceremony. -- C A SWANSON

BuMed Circular Letter No. 47-55

1 May 1947

To: All Ships and Stations

Subj: Non-Standard Medical and Dental Material Procured Locally, Report of.

1. In order to maintain the Bureau of Medicine and Surgery Section of the Catalog of Navy Material as an effective instrument of the Medical Department of the Navy, it is essential that certain information be furnished the Bureau of Medicine and Surgery periodically.

2. Accordingly it is directed that there be submitted to the Bureau of the Medicine and Surgery, Materiel Division, 84 Sands Street, Brooklyn 1, New York, annually by 10 July, a report of non-standard items of medical and dental material which have been purchased locally three times or more during the fiscal year just ended and charged to the following sub-objects:

0891--Medical and Surgical Supplies (except anesthesia gases, vehicles such as yeast, ginger ale, etc., prosthetic and orthopedic appliances, occupational therapy supplies and feed for laboratory animals).

0892--Dental Supplies (except artificial teeth).

0991--Medical and Surgical Equipment. and

0992--Dental Equipment.

3. The report shall be prepared as outlined below:

<u>Item Name</u>	<u>M'ter.</u>	<u>No. of Times Purchased</u>	<u>Total Q'ty. Purchased</u>
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-- C A SWANSON

BuMed Circular Letter No. 47-56

2 May 1947

To: All Ships and Stations

Subj: Kahn Antigen - Requisitions for Quantities in Excess of Requirements.

1. It has recently come to the attention of the Bureau that many shore activities, and a considerable number of naval vessels, have been submitting requisitions for Kahn antigen in amounts which are obviously far in excess of their actual requirements. As for example: One hospital and one shore station, during the last quarter, each requisitioned sufficient material for 150,000 tests. In the previous year some requisitions called for amounts sufficient for 400,000 tests.

2. Past experience indicates that a hospital with a census of 1,000 with a normal rate of admissions and volume of out-patient work load would need to perform, on a very liberal estimate, about 10,000 presumptive and 4,000 standard Kahn tests during a six months' period. On this basis, 100cc of presumptive antigen and 250cc of standard antigen would be required.

3. All ships and stations using Kahn antigen are directed to effect the greatest economy in its use. In the future, such material should be requisitioned on a basis of 100cc per 10,000 presumptive Kahns and 100cc per 1,500 standard Kahns. -- C A SWANSON

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BuMed Circular Letter No. 47-58

8 May 1947

47-58

To: All Ships and Stations

Subj: Medical Department Documents, Declassification of.

Encl: A. List of Documents Declassified.

1. Enclosure A is a list of letters, reports, publications, and other documents having a general circulation throughout the Medical Department which have been declassified. -- C A SWANSON

ENCLOSURE A

DECLASSIFIED MEDICAL DEPARTMENT DOCUMENTS

NAVMED SYMBOL	TITLE	FORMER CLASSIFICATION
104	Weekly Morbidity Report	Restricted
113-1	Supplement to the Hospital Corps Quarterly, March 1944	Restricted
141	Prevention of Malaria in Military and Naval Forces in the South Pacific. (Medical Officers)	Restricted
142	Military Malaria Control in the Field. (Officers.)	Restricted
143	Malaria, Mosquitoes, and Men. (Enlisted Personnel.)	Restricted
216	Index of references to Physical Examinations, Physical Requirements and Physical Standards for U.S. Navy, U.S. Naval Reserve, U.S. Marine Corps, and U.S. Marine Corps Reserve.	Restricted
220	Manual on Treatment of Casualties from Chemical Warfare Agents.	Restricted
292	Manual on DDT insecticide.	Restricted
296	Naval Aviation Night Vision Manual.	Restricted
299	Typical Breeding and Resting Places of Anopheles Punctulatus Moluccensis in the South Pacific.	Restricted
342	Aviation Psychology Technical Memorandum.	Restricted
422	Monthly Personnel Census Report	Confidential
642	Manual on Asiatic Schistosomiasis.	Restricted
826	Statistics of Navy Medicine: Vol.I, Nos. 1,2,3, and 4; and Vol.II, No. 1.	Restricted
	All Annual and Quarterly Sanitary Reports for the years 1944 and 145.	Secret & Confidential
	BuMed Cir Ltr No. 46-145, BuMed 3161-ak, Serial 0432 (sc) of 1 Oct 1946.	Confidential
	List of Hospitals and Dispensaries under construction. Serial 474 of 25 July 1942.	Confidential
	Estimated Patient Load, 1945 (BuMed-Y-V4 of 2 Jan 1945).	Confidential

BuMed Circular Letter No. 47-60

12 May 1947

To: Medical Department Activities (Continental)

Subj: Stock Levels of Medical Stores, Modification of Current Instructions for X-Ray Film.

Ref: (a) BuMed Cir Ltr No. 45-23.
(b) BuMed Cir Ltr No. 46-184.

1. There continues to be an acute shortage of X-ray film in the commercial market, and it is available from the manufacturers only in small quantities at monthly intervals. It is expected that deliveries of X-ray film to the Medical Supply Depots will be sufficient to meet the monthly requirements of using activities but will not be sufficient to build up a reserve supply of film.
 2. Effective immediately, the supply levels of X-ray film, as authorized in paragraph 1 of reference (a), are modified as follows:
 - Maximal Stock - Three (3) months' supply level at the current annual rate of use as applied to the patient load or personnel complement, as applicable.
 - Minimal Stock - One (1) month supply level at the current annual rate of use as applied to the patient load or personnel complement, as applicable.
 - Order Point - Two (2) months' supply level at the current annual rate of use as applied to the patient load or personnel complement, as applicable. Requisitions for X-ray films shall be submitted for required film on a monthly basis to meet requirements of the succeeding month.
 3. All other instructions as contained in reference (a) remain in effect. -- C A SWANSON
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BuMed Circular Letter No. 47-61

12 May 1947

To: MedOfsCom, NavHosps

Subj: Cross Index System for Hospital Case Records

1. The need for improving and standardizing the method of cross indexing case records in naval hospitals has been recognized for some time, and studies have been completed leading to the development of a cross index system to fulfill the requirements of the Medical Department.
2. The primary purpose of the cross index is to provide ready access to case records in hospital files, in order to facilitate study of the clinical material, contained in the records. The system provides for indexing diagnoses, surgical operations, and various other items of clinical interest, such as specific therapeutic measures. It provides for indexing case records of supernumeraries as well as those of active duty patients, and allows selection of cases by status, sex, age, etc. The system embodies certain features presently used in several naval hospitals, with additional features adopted from systems used in various large civilian clinics.
3. The system is designed to use standard 5x8 cards in visual index filing cases of the type fitted with manila card pockets. NAVMED-1178 (4-47) (Hospital Case Record Cross Index Card) has been prepared for this purpose. The index card, NAVMED-1178, is not adaptable for use in visual file cabinets fitted with wire card hangers.
4. The index card, NAVMED-1178, is now in process of printing, and an initial supply of 2000 cards will be forwarded to each hospital without requisition. Delivery is expected in June. The form will subsequently be stocked at all District Publications and Printing Offices.
5. Provision will be made initially for filing from 800 to 1600 cards, depending on the size of the hospital. One or two filing cabinets of the "visible-pocket type" will be required. If such cabinets are not now available, medical officers in command will submit requisitions to the local supply officer, to be supplied from surplus stock within each District, if available, or otherwise by purchase. In the event an increase in allotment is required for procurement, request for an increase should be submitted to the Bureau of Medicine and Surgery in the usual manner.
6. It is anticipated that the system will be in operation in all naval hospitals by 1 July 1947. Further detailed instructions on the setting up and operation of the system will follow. -- C A SWANSON

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BuMed Circular Letter No. 47-62

12 May 1947

To: All Ships and Stations

Subj: Investigation and Control of Epidemics of Diarrheal Diseases

Ref: (a) BuMed Cir Ltr No. 44-129
(b) Par. 5D1, ManMedDept.

1. Reference (a) is hereby canceled and superseded.
2. Dysentery and other diarrheal diseases still constitute one of the main problems of preventive medicine in the Navy.
3. In order to conduct an intensive and coordinated study of the etiology, mode of transmission, and most effective means of control of these diseases as they affect the Navy, Research Project X-756 has been approved by the Bureau of Medicine and Surgery. This project has been assigned to the Bacteriology Facility of the Naval Medical Research Institute, Bethesda, Md., which has been augmented by the former Enteric Pathogen Laboratory of the Naval Medical School, National Naval Medical Center.
4. Immediate on the spot investigations of diarrheal outbreaks accompanied by laboratory studies identifying the etiological agent afford the most valuable opportunity for collecting the useful basic information on the cause and mode of propagation of these outbreaks. In order to correlate information gathered from a wide variety of sources, a fairly uniform method of investigation and type of report to a central coordinating agency is highly desirable. A proposed outline for uniform investigation and reporting of outbreaks of diarrheal diseases is being forwarded to epidemiological units and other research units, and will be used by them for guidance in conducting investigations and submitting reports to the Medical Officer in Command, Naval Medical Research Institute, Bethesda, Md. A copy of this outline under the title "Outline for Investigation and Control of Shipboard Epidemics of Diarrheal Diseases" will be sent to other laboratory or investigative units upon request. BuMed News Letter Vol. 7, No. 12 dated June 7, 1946 contains most of the suggestions for sanitary investigation and control found in this outline. Ships or stations not using this outline are directed to prepare an extra copy of special epidemiological reports, (ref (b)) whenever these refer to outbreaks of diarrheal disease, and to submit this extra copy to the Naval Medical Research Institute.
5. Representative samples of subcultures of all strains of enteric pathogens isolated in the course of studies of diarrheal outbreaks or carrier states from any source shall be forwarded to

Medical Officer in Command
Naval Medical Research Institute
Bethesda 14, Maryland

These shall include all members of the Salmonella, Shigella, Pseudomonas, Proteus, and Paracolon groups. "Representative samples" should be interpreted to mean that not necessarily all cultures recovered during an epidemic or outbreak need be forwarded, but that a sufficient number be submitted to establish the probable etiologic agent of the disease and its source; this will vary according to the number of personnel involved. It is of particular importance to include sub-cultures of the apparent causative organism recovered from the indicated immediate focus of dissemination, such as food-handler, articles of food or beverage, polluted sea water, etc. If the epidemic is extensive (involving fifty or more personnel), from twelve to twenty-four subcultures may be adequate; in the event of smaller outbreaks (and especially when dealing with sporadic cases) it may be desirable to submit all suspicious cultures. The cultures shall be forwarded on plain infusion or nutrient agar slants or agar stabs in 13 x 100 mm. tubes; the medium used should contain two percent agar. In order to conform with Postal Regulations (title IV, par. 589, subpar. 3, 1940), the tubes shall be stoppered with cork or rubber stoppers, or sealed with wax, and shall be mailed in double containers, one of which is of wood or metal. The tubes shall be adequately marked for identification, and shall be completely and evenly surrounded by absorbent cotton or other suitable absorbent packing material. Clinical and epidemiological data shall be forwarded with or subsequent to submission of cultures in accordance with Part B of the outline mentioned in paragraph 4 above when the outline is used; otherwise all pertinent clinical and epidemiological data concerning the source or the cultures submitted shall be included with the specimens.

6. Upon completion of the identification and typing of the organism submitted, a report will be forwarded from the Bacteriology Facility, to the ship or station from which the culture originated. -- C A SWANSON

47-64

BuMed Circular Letter No. 47-64 /

16 May 1947

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To: All Medical Department Activities

Subj: Motor-Vehicle Accident Record, Medical Department.

Ref: (a) BuMed Cir Ltr No. 41-40.

(b) SecNav ltr OIR-562, 3 May 1946; N.D. Bull., 15 May 1946, Item No. 46-969.

Encl: A. Safety Rules for Ambulances.

1. Reference (a) is hereby superseded.

2. Enclosure A provides a basic set of rules to be followed in regulating the use and operation of ambulances.

3. The Bureau of Medicine and Surgery is concerned about the present comparatively high rate of property damage per 100,000 miles of vehicular travel in Medical Department activities. This condition exists in spite of the numerous directives and regulations issued in the past pertaining to the operation and accident rates of Navy ambulances. Attention is directed to reference (b) which established a Navy-wide motor-vehicle safety program for the testing and licensing of operators of Navy vehicles.

4. It is imperative that the present rate of accidents involving both ambulances and other motor vehicles, be materially reduced. It is therefore directed that the responsible Medical Department officers give their immediate attention in improving the accident record of their activities. It is further directed that such officers submit to the Bureau by 1 August 1947 a report outlining the definite action taken in enforcing the safety rules for ambulances. -- H L PUGH

ENCLOSURE A

SAFETY RULES FOR AMBULANCES

1. Ambulances shall be used only for transportation of sick, injured, or wounded persons.
2. Emergency runs shall be restricted insofar as practicable.
3. Only Commanding Officers, their representatives, or Senior Duty Officers may authorize emergency runs. Each emergency run shall be fully recorded in the duty log of the Medical Department having cognizance.
4. Ambulances shall be in good mechanical condition at all times. All equipment shall be operative, and standard according to local practices.
5. Drivers shall have a U.S. Navy motor vehicle operator's permit as required by SecNav ltr OIR-562:WMM 406, 3 May 1946; N.D. Bull., Item No. 46-969.
6. Drivers shall be fully conversant with local traffic regulations and local geography. Close questioning by the Transportation Officer is essential in this connection.
7. Each ambulance shall carry a book or board embodying carefully considered orders and safety precautions prescribed by the local command for the locality, and similar orders shall be posted in the garage. Each ambulance shall carry forms for reporting accidents and the drivers shall be instructed as to their use.
8. A limiting speed shall be set for each ambulance for any and all circumstances according to local traffic regulations and conditions.
9. All ambulance drivers must satisfy state and municipal requirements as to age and/or other qualifications.

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BuMed Circular Letter No. 47-67

23 May 1947

47-67

To: MedOfsCom, NavHosp^s (Continental Limits)

Subj: American Red Cross 16mm Ward Motion Picture Program; Comments Concerning.

Ref: (a) BuMed Cir Ltr No. 44-227.

1. Reference (a) authorized the establishment of 16mm Ward Motion Picture programs under the auspices of the American Red Cross, and outlined the operating agreements for this program. According to representatives of the American Red Cross, this program has proven to be one of the most popularly received types of entertainment provided for hospital patients and plans have been made to continue it in all naval hospitals.

2. Paragraph 2(c) of ref (a) provided that the necessary projectionists would be enlisted men detailed for this purpose in addition to their regular duties, and that they would receive extra compensation for this duty. Information has been received that recently many scheduled showings in naval hospitals have been necessarily canceled because no projectionists were available. This results in rental costs for the films to the American Red Cross, regardless of the fact that the films are not shown. Every effort should be made to prevent cancellation of showings as far as possible. To this end, several corpsmen at each hospital should be instructed in the operation of the projectors and correct handling of the film. Consideration may also be given to locally training selected convalescent patients for duty as projectionists under close supervision, when the services of hospital corpsmen cannot be made available for this purpose.

3. It has further been called to the attention of this Bureau that in several instances excessive damage to the films has been caused by careless handling of the film and improper supervision of the projection machine while the film is being shown. Every precaution should be taken to prevent damage to these 16mm films. -- C A SWANSON

BuMed Circular Letter No. 47-69

3 June 1947

To: MedOfsCom, NavHosp^s

Subj: Hospital Accounting Instructions (Statement of Hospital Personnel, In-patient and Out-Patient).

Ref: (a) BuMed Cir Ltr No. 46-136.

Encl: A. Revised pages 200, 201, 202 and 206, Hospital Accounting Instructions. (Available on request).

1. Subject report shall be submitted for fiscal year 1947 as required by ref (a).
2. Pages 200, 201, 202 and 206 of the Hospital Accounting Instructions shall be removed and enclosure 1 inserted therein.
3. The following, a continuation of page 202, shall be entered at the top of page 203:

"to diet kitchens, other than the so-called diet kitchens which are adjuncts to wards, shall not be included".

-- C. A. SWANSON

BuMed Circular Letter No. 47-73

12 June 1947

To: All Ships and Stations

Subj: Gas and Gas Cylinders, Modification of Stocking and Issue of.

Ref: (a) BuMed Cir Ltr No. 47-33.

1. The issue of medicinal gas and gas cylinders by elements of the naval medical supply system is being discontinued effective 1 July 1947.
2. Subsequent to that date, these items shall be procured as nonstandard stores in the following manner, as applicable:

(a) Continental shore activities:

- (1) From general stores under the cognizance of the Bureau of Supplies and Accounts if available from that source. Empty cylinders should be furnished for refill if available.
- (2) By local purchase from commercial source under sundry purchase allotment. Empty cylinders should be furnished for refill if available.

(b) Extracontinental shore activities and ships:

- (1) From general stores under the cognizance of the Bureau of Supplies and Accounts through supply department sources. Empty cylinders should be furnished for refill if available.

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3. Empty cylinders on hand 1 July 1947 and subsequently which are excess to the needs of each activity shall be disposed of in the following manner:

(a) Continental shore activities:

- (1) If the gas cylinders were obtained from general stores under the cognizance of the Bureau of Supplies and Accounts, the empty cylinders shall be transferred to the local supply officer on form S&A 127 at book value of the cylinders only.
- (2) If the cylinders were obtained from commercial sources, the excess empty cylinders shall be reported to the Bureau of Supplies and Accounts for disposal directions.

(b) Extracontinental shore activities and ships:

- (1) The empty cylinders shall be transferred to the local supply officer on Form S&A 127 at book value of the cylinders only.

-- H L PUGH

BuMed Circular Letter No. 47-76

19 June 1947

To: MedOfsCom, Naval Medical Research Activities.

Subj: Quarterly Report of Medical Research Assistants, Establishment of.

1. In view of the adverse effect upon the Naval Medical Research program of transferring certain highly trained, specialized enlisted personnel of the Hospital Corps engaged in specific research assignments to sea duty directly in compliance with existing sea-shore duty survey requirements, the Chief of Naval Personnel has indicated the Bureau will consider a temporary exemption for such personnel when the circumstances warrant and suitable justification is submitted by the activity concerned supported by an approval recommendation from BuMed.

2. No change in current enlisted personnel accounting or distribution procedures or sea or shore duty surveys is indicated. Activities will continue, as heretofore, to make recommendations in individual cases of Hospital Corpsmen designated as MRA who are reported on quarterly sea-shore duty availability reports. Recommendations for exemption from transfer to sea duty must contain adequate justification in each individual case, giving the probable period of time exemption will be necessary.

3. In order that this program may be conducted in conformance with current naval personnel policy insofar as practicable, and in accord with efficient progress in the Naval Medical Research Program, it is directed that addressees submit to this Bureau (as of 15 February, May, August and November) a Quarterly Report of Medical Research Assistants. The letter report shall be as brief as possible in each case and shall contain the following information:

- (a) Name, rate, serial number, and Navy job classification of each MRA on board who has completed two or more years on current tour of shore duty.
- (b) Whether or not services of individual are indispensable to accomplishment of current research project and transfer to sea duty is impracticable. Give estimated number months deferment will be required.
- (c) Brief analysis of current duties. -- C A SWANSON

BuMed Circular Letter No. 47-79

24 June 1947

To: MedOfsCom, NavMedDept Activities.

Subj: Contracts for Personal Services.

Ref: (a) NCPI 35, Revision 1.

1. When it is determined by an activity that a position cannot be filled by full-time Civil Service employment and contract employment is to be requested, such a contract should be executed in accordance with the procedures outlined in ref (a). Conformance with these procedures eliminates the delay necessitated by returning incomplete contracts for resubmission.

2. It is requested that Personal Service Contracts be forwarded to the Chief, Bureau of Medicine and Surgery, well in advance of the effective date in order that the contract may be approved by the Secretary of the Navy and returned to the originating activity prior to the date that the contract employee is to enter on duty.

3. It should be clearly understood that this type of employment will be approved only when it is not feasible to effect employment through regular Civil Service procedures. -- C A SWANSON

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47-80

BuMed Circular Letter No. 47-80

24 June 1947

To: All NavHosps and HospShips

Subj: Rations Furnished Retired Officers and Nurses, Inactive, while Patients in Naval Hospitals;
Case Collection for.

Ref: (a) BuMed Cir Ltr 46-84.
(b) BuMed Cir Ltr 44-91.
(c) Pars. 4132 and 4133, ManMedDept.

1. Effective 1 July 1947, charges for subsistence furnished officers, Navy and Marine Corps, retired, inactive, and Nurses, Navy, retired, inactive, as properly reported on lines 35, 36, 37 and 38, Section B, of the Monthly Ration Record, NAVMED-HF-36, shall be collected locally at the rate specified in the Annual Naval Appropriation Act. Funds collected shall be deposited with the disbursing officer for ultimate credit to the appropriation, "Medical Department, Navy", prior to discharge or transfer of the patient and also prior to the close of business on the last day of each month. Report all necessary detailed financial data, applicable to these patients, on line 6, Section G, of the Monthly Ration Record.

2. The above cash collections shall be effected by an agent cashier in accordance with the instructions contained in BuSandA ltr L10-5(1)/NH(AB) of 7 April 1943, a copy of which was forwarded to all addressees as Encl 1 to ref (a).

3. In order to effectuate the subject procedure on 1 July 1947, Hospital Ration Notices, NavSandA Form 534, (Discharge Notice) should be prepared locally for all retired officers and nurses, inactive duty, remaining on board as at 30 June, and forwarded to Bureau of Supplies and Accounts, Field Branch, Cleveland 14, Ohio.

4. The only exception to the subject procedure may be in the case of a retired officer or nurse, inactive, who dies during the period of hospitalization. In these instances it is recommended that reimbursement for subsistence be effected by submission of Hospital Ration Notice, NavSandA Form 534, for the period remaining, unpaid at the time of death of the retired officer or nurse. This procedure is recommended rather than to effect local collection from the next of kin or beneficiary.

5. All officers, Navy and Marine Corps, retired, inactive, and nurses, Navy, retired inactive, shall be charged the value of one (1) ration per diem, while remaining on the sick list. If retired officer patients are allowed to remain at home during the convalescent period, they should be discharged from the sick list and carried in an out-patient status, and thereafter, charges for subsistence will not be collected from retired officers in the above category.

6. Existing instructions which are in conflict with this letter are hereby superseded. -- C A SWANSON

BuMed Circular Letter No. 47-82

26 June 1947

To: Comdts, NDs (less 10, 15 and 17), PRNC.

Attn: District Directors of Naval Reserve and District Directors of Training.

Subj: Vessels or Craft Assigned to Naval Districts and River Commands for Use in Making Naval Reserve Training Cruises of a local and limited nature; Medical Allowance Requirement.

Ref: (a) BuMed Cir Ltr No. 45-220.

1. The Medical Allowance Requirement for each of subject Vessels or Craft is as follows:

	<u>AMOUNT</u>
a. 9-197-225 First Aid Kit, Armed Guard: (less narcotics)	1
b. 9-207-125 First Aid Kit, Gun Crew:	1
c. 9-214-775 First Aid Kit, Life Boat: (less narcotics)	# 1
d. 9-217-125 First Aid Kit, Life Raft, Camouflaged: (less narcotics)	% 1

For each boat regularly carried at davits for use as "Abandon Ship Equipment".

% For each life raft, life float or floater net of twenty-five (25) person capacity;
double quantity if capacities are thirty (30) or more.

2. Accordingly, it is requested that addressees implement the following procedures as regards subject vessels:

a. Upon accepting delivery remove all medical material, except installed equipment, in excess of Kits or equivalent in medical materials (less narcotics) listed in paragraph 1 above. Clearance teams established by ref (a) should be employed for removal of necessary material.

b. Submit Form NAVMED-4 requisition, for balance of Kits (less narcotics) sufficient to outfit vessels or craft in addressee's area, direct to nearest Medical Supply Depot.

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c. Requisition and maintain stock of the contents of these Kits (less narcotics) sufficient for re-supply at the end of each cruise.

d. During fiscal year 1948, requisitioned material will be furnished from available stock as a charge against the appropriation "Naval Reserve." It is necessary that the following notation be indicated on each requisition in addition to current data required:

"For District vessels making Limited Naval Reserve Training Cruises; charge against the appropriation "Naval Reserve, 1948."

For fiscal year 1949, commencing 1 July 1948, and thereafter, charges will be against appropriation "Medical Department, Navy." -- C A SWANSON

BuMed Circular Letter No. 47-83

26 June 1947

To: Comdts, NDs (less 10, 15 and 17); PRNC.

Attn: District Directors of Naval Reserve and District Directors of Training.

Subj: Vessels or Craft Assigned to Naval Districts and River Commands for Use as Naval Reserve Armories; Medical Allowance Requirements.

Ref: (a) BuMed ltr BUMED-4223-CRM:kw over QR/L7-1/L8-2 Serial 8331 of 6-16-47 (encl 1 of which cancels and supersedes encl A of BuPers ltr Pers-427c-MK, Serial 1903-6 of 9-11-46) to All Continental NDs, 14th ND and PRNC.

(b) BuMed Cir Ltr No. 45-220.

1. Many vessels, being assigned for use as armories, have been previously stripped or partially stripped of medical material, or do not have a complete Medical Commissioning Allowance aboard. Accordingly, it is requested that addressees implement the following procedures:

a. Upon accepting delivery, remove all medical material in excess of Naval Reserve Armory Allowance (Column 1, 2, 3 or 4, as applicable, of encl 1 of ref (a)), except installed equipment. Clearance teams established by ref (b) should be employed for removal of such excess material.

b. Submit Form NAVMED-4 requisition for balance of material required to fill allowance (Column 1, 2, 3 or 4, as applicable, of encl 1 of ref (a)), direct to nearest Naval Medical Supply Depot.

c. Replenishment medical stores should be requisitioned by the vessels serving as Armories on Form NAVMED-4 to the nearest Medical Supply Depot via the Commandant for screening.

d. During the fiscal year 1948, requisitioned material will be furnished from available stock as a charge against the appropriation "Naval Reserve." It is necessary that the following notation be indicated on each requisition in addition to current data required:

"For District vessels serving as Armories; charge against the appropriation "Naval Reserve, 1948."

For fiscal year 1949, commencing 1 July 1948, and thereafter, charges will be against the appropriation "Medical Department, Navy."

2. Where vessels or craft used as Armories are to be permanently moored in the immediate vicinity of established adequate medical facilities, one (1) First Aid Kit, Medical Officer and Hospital Corpsman, Large Stock No. 9-219-175 (less narcotics), only, should be supplied each vessel or craft in lieu of the above at the discretion of Commandant concerned. -- C A SWANSON

RESTRICTED

47-86

BuMed Circular Letter No. 47-86

30 June 1947

To: All Ships and Stations

Subj: NAVMED-171 (Venereal Disease Contact Report).

Ref: (a) Par. 236.3, Line 12 Subparagraph (b), ManMedDept.
(b) Par. 5120, ManMedDept.
(c) Par. 12B6.2, ManMedDept.
(d) BuMed-BuPers Jt. Cir Ltr No. 41-10.
(e) General Order #238.

1. Attention is invited to the above references.

2. Many ships and stations are failing to report the serial numbers of NAVMED-171 (Venereal Disease Contact Report) on line 12 of the NAVMED-Fa Card (Statistical Report of Patient), as required by refs (a) and (b). Of 1000 Fa Cards recently submitted on venereal disease admissions to the sick list, 827 or 82.7% contained no serial number.

3. Many naval activities are not completing NAVMED-171 for each patient admitted to the sick list, as required by refs (c) and (d). Correct preparation and prompt submission of the Venereal Disease Contact Report is an aid in locating infected individuals in the civilian population. A recent report from a State Health Officer stated that 30% of the contacts reported to them were located and that 69% of this number were infected with a venereal disease. This would indicate that approximately one out of every three contacts reported to this State Health Department is located and that for each three located at least two are infected. If more complete information had been submitted on our contact reports, a greater percentage of infectious contacts could have been located by local, state and federal health officials. The reservoir of venereal disease in civilian communities is reduced and this in turn has a marked beneficial effect on the incident of venereal disease in the Navy.

4. It is requested that the venereal disease contact reporting procedures be reviewed and that an effort be made to submit more complete reports. -- C A SWANSON

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BuMed Circular Letter No. 47-88

30 June 1947

To: Comdts, All NDs and RivComs

Subj: Venereal Disease Control Officers and Interviewers

Ref: (a) BuMed Cir Ltr No. 45-143.

1. Ref (a) is hereby canceled and superseded.

2. Within the past few months there has been a gradual lowering of the venereal rates to 95.8 per thousand per annum. However, this rate is still much greater than at the close of the war. In order to continue this downward trend, the Venereal Disease Control Program in every activity must be strengthened and increased in scope. Increased efforts should be directed toward the small percentage of individuals who repeatedly expose themselves to venereal infection and who, by their conduct and group pressure, adversely influence the behavior of many other individuals who are easily swayed. Health Records should be perused to obtain data in this regard.

3. It is requested that each naval district and river command strengthen its venereal disease control organization by requiring all activities to (a) appoint an officer for additional duty as Venereal Disease Control Officer, and (b) select Pharmacist's Mates for venereal disease patient interviewing. Instruction for these interviewers should be in the form of a short course in venereal disease patient interviewing given by the District Venereal Disease Control Officer or by such other qualified person or method deemed practicable. Emphasis should be placed upon proper interviewing technique, preparation and routing of contact reports and the need for prompt submission of these forms. This procedure has been established in one district with gratifying results.

4. In order that the venereal disease control organization may function efficiently and effectively from the lowest to the highest level, close cooperation must be maintained between the district and all activities within it in regard to venereal disease control. It is the desire of the Bureau that the District Venereal Disease Control Officer make frequent visits to all activities within his district in order that he may become cognizant of conditions and problems therein, and thus give greater assistance to local Venereal Disease Control Officers and Interviewers. -- C A SWANSON

BuMed Circular Letter No. 47-89

14 July 1947

To: All Ships and Stations

Subj: Resignations of Officers of the Nurse Corps, Method of Submission.

1. Since the enactment of Public Law 36, 80th Congress, all resignations submitted by members of the Naval Nurse Corps shall be in accordance with article C-7001, chapter 7, BuPers Manual.-- C A SWANSON

BuMed Circular Letter No. 47-90

14 July 1947

To: All Ships and Stations

Subj: Report of Dental Prosthetic Treatment, and Monthly Prosthodontia Report--Use of Standard Unit Prices for Precious-Metal Expenditures Listed on.

Ref: (a) BuMed Cir Ltr No. 46-79.

(b) Standard Price Supplement to Class 5 BuMed Section, Catalog of Navy Material.

1. Reference (a) directs the adoption of standard unit prices for all items listed in the BuMed Section of the Catalog of Navy Material.

2. Reference (b) lists the standard unit prices for dental equipment and supplies, including precious metals.

3. Many forms NavMed-L--Report of Dental Prosthetic Treatment, and forms NavMed-610--Monthly Prosthodontia Report are being received by this Bureau containing precious metal value entries which are not based on standard unit prices.

4. The dental departments of all ships and stations are directed to verify that correct standard unit prices are used for the precious metal values reported on the subject forms. -- C A SWANSON

BuMed Circular Letter No. 47-91

16 July 1947

To: ComdtsNDs, Continental U.S.; ComdsNavTraCens, ComdGensMarCorpBaks, CONavTraSta NB, Newport, R.I., CONavTraCen, NS NorVa., Superintendent, NavAcad, Annapolis, Maryland.

Subj: Tuberculin-Testing of Navy and Marine Corps personnel.

1. A tuberculin test shall be made of all Navy and Marine Corps personnel as soon as practicable after reporting to the training activities addressed, in accordance with provisions of paragraph 3 below.
2. A record of all such tests shall be maintained and reported in the Quarterly Sanitary Report, giving the number tested and the number of negative reactions, doubtful reactions, and of +, ++, +++ reactions, respectively.
3. The Tuberculin Test.

(a) Materials.

1. PPD shall be stocked in 50 test kits and 250 test kits, as follows: (NOTE: field activities will be notified when this material is available for requisition).

Stock # 1-613-975, Tuberculin tablets, single test strength, 50 tests: PPD. Unit - pkg.
Stock # 1-613-980, Tuberculin tablets, single test strength, 250 tests: PPD. Unit - pkg.

PPD shall be prepared according to directions in the kit. Solutions shall be stored in the refrigerator (not frozen) for not longer than four days, after which they must be discarded. When properly prepared each 1/10 cc test dose contains 0.0001 mgm PPD.

2. Syringes - Stock # 3-802-800, syringe, Luer, tuberculin, lcc: shall be new, tightly fitted used for no other purpose, chemically clean, and sterile.
3. Needles - Stock # 3-496-400, needle, hypodermic, 26 gage, $\frac{1}{2}$ inch, 12s. Luer slip; a separate needle for each test. These needles shall be new, used for no other purpose, and shall be chemically clean and sterile. They may be reused for the same purpose, after cleansing and sterilizing.

(b) Technique.

The testing and interpreting shall be performed by a medical officer. Following aseptic preparation of the skin upon the volar aspect of the left forearm. (The point of the needle should be plainly visible just within the outer layers of the epidermis). The result, immediately after injection, should be a definite wheal, pale and sharply demarcated. Great care must be exercised to avoid subcutaneous injection.

(c) Result of Test.

The test shall be examined after an interval of not less than 48 hours or more than 72. It should be palpated for the presence of edema. Both redness and edema should be present, and the diameter should be carefully measured with a millimeter scale. Reactions are to be graded +, ++, +++, +++++, doubtful, or negative, as follows:

- | | |
|------------|---|
| (+) | redness and definite edema, more than 5mm and not exceeding 10mm in diameter. |
| (++) | redness and edema measuring from 1-2cm in diameter. |
| (+++) | redness and edema exceeding 2cm in diameter. |
| (++++) | redness, edema, and an area of necrosis. |
| (Doubtful) | A reaction with slight redness and a trace of edema, measuring 5mm or less in diameter is to be recorded as "doubtful". |
| (Negative) | If there is no edema at the site of injection, even if redness is present, the test is to be recorded as "negative". |

NOTE: When reading the tuberculin test, the forearm should be in a good light and flexed a little at the elbow. Tautness of underlying muscles may be sufficient to obliterate the redness and edema. It is well, also, to look across the forearm rather than down upon it. Pass the finger over the test area; the induration caused by the edema can be felt even when it does not produce an elevation that can be seen.

(d) Health Record Entry.

The result of the test shall be entered in the Health Record on NavMed-HC-3 under "Other Inoculations". The entry shall contain the place and date of test, the fact that 0.0001 mgm was used, the result in plus marks as indicated above, if positive, or as "doubtful" or "negative" as the case may be. The entry shall be signed by the medical officer who performed and interpreted the test.

-- C A SWANSON

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BuMed Circular Letter No. 47-92

22 July 1947

To: All Shore Stations not Under BuMed Management Control

Subj: Dental Department, Instructions Regarding Financial and Property Accountability.

Ref: (a) AlNav 343-46.
 (b) SecNav Ltr Op21D-jc, Al8/P5-1, serial 3369P24, of 27 June 1946; AS&SL Jan-Jun 1946, 46-1330, p. 154.
 (c) BuMed Cir Ltr No. 47-33.
 (d) BuMed Cir Ltr No. 45-163.
 (e) BuMed Ltr L1-1-1948, EN of 7 Jul 1947 to all shore stations.
 (f) Pars. 3086, 3100, and 3101, Ch. 20, Finance and Property, ManMedDept.

Encl: A. Instructions for reporting dental department receipts and expenditures on NAVMED-E.
 (Enclosure available on request.)

1. The instructions contained herein are for the purpose of clarifying references (a) and (b) in regard to financial responsibility and accountability of dental department property.

2. It is the desire of the Bureau to determine the total cost for dentistry in the Navy and enclosure (A) is promulgated to obtain this objective.

3. Reference (e), which returned medical department estimates of expenditures for fiscal year 1948, apportioned BuMed funds into program allotments. A program allotment titled "Dental Care in Other Shore Stations" was established to provide for procurement of all nonmedical supply depot material and services, except laundry, required for use in dental departments at shore stations. The cost of laundry services or supplies for the dental department shall be charged against the program allotment "Medical Care in Other Shore Stations" and the prorated cost reported on NAVMED-E as outlined in enclosure.

4. A Dental Department Journal of Receipts and Expenditures, a Dental Equipment Ledger, and a Dental Supplies Ledger, each with substantiating vouchers, shall be maintained in accordance with reference (f). These three records are the only property records required to be maintained by the dental department and they shall not be duplicated by the medical department. A format of the Journal of Receipts and Expenditures, which is considered self-explanatory, is outlined on pages 793-795, Handbook of Hospital Corps. The dental department shall record in the Journal of Receipts and Expenditures, and Equipment or Supplies Ledger when appropriate, the value of material and services in the following categories:

- (a) Medical supply depot items received on dental requisitions.
- (b) Dental material procured under allotment "Dental Care in Other Shore Stations."
- (c) Material for dental department received by transfer from other activities.

5. Procurement of Material from Medical Supply Depots. Dental supplies and equipment in the BuMed Section, Catalog of Navy Material, will be requisitioned from medical supply depots on Form NAVMED-4 in accordance with current directives. Dental supplies and equipment are considered to include all supplies and equipment required by the dental department regardless of the class of the item as designated in BuMed Section, Catalog of Navy Material. Form NAVMED-4 requisitions for dental equipment and supplies shall be prepared in accordance with reference (c), signed by the dental officer, numbered in accordance with BuMed MatDiv, instructions regarding dental requisitions, and submitted to the commanding officer for approval and forwarding.

6. Receipt of Material. All material and/or services received by the dental department under categories (a), (b), or (c) of paragraph 4. above, shall be receipted for and entered in the dental property records. After postings are made in equipment or supplies ledger the dental department, at the end of each quarter, shall furnish the station medical department a copy of the requisitions or invoices for substantiating the quarterly financial reports which are sent to BuMed.

7. Disposition of Material:

(a) Equipment

(1) When equipment is to be disposed of by survey, the dental officer shall prepare a request for property survey (NavSandA Form 154), numbered in sequence with the medical department surveys, and submit it to the Materiel Division, BuMed, via the commanding officer. (See arts. 1906-18 N.R. and par. 3074-3077 ManMedDept.) When a property survey has been approved by BuMed, the value of the survey items shall be recorded as an "expenditure survey" in Journal of Receipts and Expenditures, and appropriate entries made in the equipment ledger.

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(2) Equipment transferred from a dental department to another activity shall be invoiced on a Receipt/Expenditure invoice (NavSanda Form 127), expended from the dental equipment ledger, and recorded as a "transfer voucher issued" in the Journal of Receipts and Expenditures. At the end of each quarter a copy of each receipted invoice shall be forwarded to the station medical department for substantiating quarterly financial reports which are sent to BuMed.

(b) Supplies:

(1) Dental supplies shall be issued to use on Form NAVMED-R and the total value periodically recorded as an expenditure in Journal of Receipts and Expenditures, and supplies ledger.

(2) When supplies are to be disposed of by survey the same procedure shall be followed as described for survey of equipment, except that expenditures shall be recorded in the supplies ledger.

(3) Supplies transferred to another activity shall be invoiced on a Receipt/Expenditure invoice (NavSanda Form 127) and recorded as a "transfer voucher issued" in the Journal of Receipts and Expenditures and supplies ledger. At the end of each quarter a copy of each receipted invoice shall be forwarded to the station medical department for substantiating quarterly financial reports sent to BuMed.

8. The dental department shall furnish the medical department, at the end of each quarter, a summary of the receipts and expenditures involving dental department property, which will be included in the medical department's form NAVMED-E. This summary shall equal the amounts of receipts and expenditures recorded in the dental department Journal of Receipts and Expenditures during the quarter. The value of materials reported by the dental department will be indicated as a separate amount, in parenthesis, on each applicable line of the medical department's form NAVMED-E to the left of the gross amount reported for both activities. In addition, the prorated cost for laundry used by the dental department will be indicated in the same manner.

9. Conflicting portions of Part 1, Chapter 3, Sec. V, ManMedDept, will be changed to conform to the instructions contained in references (a) and (b) and this letter. -- C A SWANSON

BuMed Circular Letter No. 47-93. Subj: NAVMED-1174 (Rev. 6-47), Optical Dispensing Report.
(Canceled -- Served its purpose.)

BuMed Circular Letter No. 47-94. Subj: Contract for Care of the Dead, Fiscal Year 1948.
(Canceled -- Served its purpose.)

BuMed Circular Letter No. 47-95. Subj: Red Cross Personnel in Naval Hospitals, Survey of.
(Canceled -- Served its purpose.)

BuMed Circular Letter No. 47-96. Subj: Advance Change 3-1, ManMedDept. (Canceled--Individual copies sent to all holders of the Manual. This change will be incorporated in printed page change 3.

BuMed Circular Letter No. 47-97. Subj: Contemplated BuMed Directive Regarding Safety Precautions in Surgical Operating Rooms Against Explosive Anesthetic Gases; Survey of Requisites for. (Canceled -- Served its purpose.)

BuMed Circular Letter No. 47-98

1 August 1947

To: All Stations having Medical Department Allotment, F.Y. 1948.

Subj: Navy-Wide Uniform Allotment Procedures.

- Ref: (a) BuMed Cir Ltr No. 46-155.
(b) BuMed ltr BuMed-23-FPG:mg 11-1-1948/EN, 7 July 1947 relative to annual estimates of expenditures, FY 1948.
(c) Navy Allotment Procedures (NAVEXOS-P-487), 26 June 1947.
(d) SecNav ltr, 26 June 1947 relative to Uniform Status Allotment Reports.
(e) SecNav ltr, 26 June 1947 relative to Accounting Data Requirements.
(f) BuSanda ltr 16-2(23)/ND(DF-331), 7 July 1947.
(g) BuSanda ltr 110/JC(DF-41), 9 July 1947.

- Encl: 1. (HW) Copy of ref (c).
2. (HW) Copy of ref (d).
3. (HW) Copy of ref (e).
4. (HW) Copy of ref (f).
5. (HW) Copy of ref (g).
6. (HW) Initial Supply of "Status of Allotment Report" (NAVEXOS 2675).
7. (HW) Initial Supply of "Allotment Report for Management" (NAVEXOS 2676).
(Enclosures available on request).

1. Ref (a) is hereby canceled.

2. Navy Allotment Procedures as outlined in ref (c), encl 1, shall be used for all program allotments granted by this Bureau under the appropriation 1781102, Medical Department, Navy, 1948. These procedures will not apply to allotments received for fiscal years prior to 1948. NAVMED-B shall not be submitted for allotments granted under the appropriation 1781102, Medical Department, Navy, 1948.

3. As directed by ref (d), encl 2, a status of allotment report will be submitted to this Bureau for each program allotment granted as authorized in ref (b). Allotments granted for fiscal years prior to 1948 will continue to be reported only on the NAVMED-B until all obligations are liquidated. To initiate the essential features of the Uniform Allotment Procedure, the following instructions are issued:

(a) Status of Allotment Report (NAVEXOS 2675).

A status of allotment report shall be prepared and submitted monthly for each program allotment granted.

When Submitted: The status of allotment report shall be prepared and placed in the mail in order to reach this Bureau by the fifteenth working day after the close of business for the month. This report will be addressed to:

Bureau of Medicine and Surgery
Navy Department, Potomac Annex
23rd and E Streets, N.W.
Washington 25, D. C.

Activities in the continental United States east of the Mississippi River will use regular mail, activities in the continental United States west of the Mississippi River and activities outside of the continental United States will use the fastest mail available, Naval Air Transport Services, Army Transport Command, Air Mail, or such combination of these as is most appropriate.

(b) Number of Copies Required:

This Bureau requires the original and two copies.

(c) Supporting Schedules and/or other Documents:

No supporting schedules and/or other documents shall be attached to or submitted with the status of allotment report, other than the allotment report for management (NAVEXOS 2676); see subparagraph (k).

(d) Instructions for the Preparation of the Status of Allotment Report:

Instructions for the preparation of the status of allotment report are set forth in Chapter V, paragraph 522, of ref (c), encl 1. The status of allotment report shall be prepared by a representative of the Medical Department.

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(e) Procurement of Status of Allotment Report (NAVEXOS 2675):

An initial supply, encl 6, is forwarded herewith; thereafter, these forms are to be obtained from designated supply points.

(f) Changes in Procedure:

The major changes in procedures in the preparation of the status of allotment report in comparison to the procedure employed in the preparation of the NAVMED-B are as follows:

(g) The status of allotment report shall be submitted monthly instead of quarterly.

(h) Expenditures:

NSA Material: Line 4, expenditures are those reported on the SandA Form 870 for the period involved, except expenditures under project orders (see subparagraph (j)).

Civilian Labor: Line 5, expenditures are those reported on the SandA Forms 884 and/or 885, (except project order labor, see subparagraph (j)). It will be noted that labor will be accounted for on a paid basis; the earned but unpaid labor shall be reflected as an obligation outstanding, line 11.

Public Vouchers: Line 6, are those public vouchers that have, (a) been paid by the NCDO or local disbursing officer (b) transmitted by the paying office to the activity concerned (c) have been accepted by the activity concerned. It is to be noted that expenditures no longer will be reflected on the "Prepared Public Voucher Basis". The estimated cost of transportation requests for the transportation of remains shall be reported as an obligation outstanding and not as an expenditure until the activity has had transmitted and accepted a paid copy of the voucher.

(i) Unexpended Balance Brought Forward:

Line 1, (NAVEXOS 2675), Chapter I, paragraph 124, ref (c), encl 1. The unexpended balances of program allotments will be carried forward to succeeding quarters of the fiscal year. If in this Bureau's opinion the unobligated balance indicated in line 11 for the months of September, December and March appears to be excessive, the apportionment for the subsequent quarter will be modified.

(j) Expenditures under Project Orders:

Project order expenditures as indicated on SandA Forms 870, 884 and 885 will not be reflected as an expenditure on the status of allotment report or under any program allotment granted.

(k) Allotment Report for Management (NAVEXOS 2676) (by object classification):

An allotment report for management shall be prepared and submitted monthly for each program allotment granted. This report is comparable to Table 4 of NAVMED-B.

(l) When Submitted:

See subparagraph (a).

(m) Number of Copies Required:

See subparagraph (b).

(n) Supporting Schedules and/or Documents:

See subparagraph (c).

(o) Instructions as to the Preparation of the Allotment Report for Management:

As stated in subparagraph (k), this report is comparable to Table 4 of NAVMED-B, i.e., an analysis objectively and subjectively of the expenditure and obligations outstanding reported on lines 4, 5, 6 and 11 of the status of allotment report (NAVEXOS 2675).

(p) Procurement of Allotment Report for Management (NAVEXOS 2676):

An initial supply, encl 7, is forwarded herewith; thereafter, the forms are to be obtained from designated supply points.

4. Changes in cost procedures, the submission of the NAVMED-E, or NAVMED-569 and supporting schedules and other documents occasioned by the Navy uniform allotment procedures will be the subject of a separate letter to be promulgated in the near future. -- H L PUGH

BuMed Circular Letter No. 47-99

4 August 1947

To: Comdts NDs (less 10, 15 and 17), PRNC.

Attn: District Directors of Naval Reserve and District Directors of Training.

Subj: Medical Commissioning Allowance List for Training Naval Reserve Hospital Corpsmen at Armories.

Ref: (a) BuMed Cir Ltr No. 47-31.

Encl: A. (HW) 5 copies of subject list. (Available on request.)

1. In conformity with reference (a), Encl A is forwarded herewith.
2. Material shall be requisitioned from the nearest naval Medical Supply Depot on NAVMED-4. Replenishment requisitions shall be submitted via the commandant for screening.
3. During fiscal year 1948 requisitioned material will be furnished from available stock as a charge against the appropriation "Naval Reserve". It is necessary that the following notation be indicated on each requisition in addition to current data required:

"For Training Naval Reserve Hospital Corpsmen
at Armories; charge against the appropriation,
"Naval Reserve, 1948".

For fiscal year 1949, commencing 1 July 1948, and thereafter, charges will be against appropriation "Medical Department, Navy."

4. Naval Medical Supply Depots will prepare and maintain "back-order" requisitions for items that are not in stock. These "back-order" items will be shipped as soon as available.
5. The Medical or Hospital Corps officer assigned in charge of instruction of Hospital Corps personnel at Naval Reserve Armories will assume custodial and maintenance responsibility of such Medical Department supplies and equipment as are requisitioned and received under this authority. Only such items and quantities on enclosure as can be utilized appropriately under current instruction schedules should be requisitioned. Every effort should be made however to provide as much practical instruction as space and facilities will permit.
6. The enclosed Allowance List is intended to provide sufficient Medical Department supplies and equipment for the instruction of Hospital Corpsmen through the several ratings from Hospital Apprentice to Chief Pharmacist's Mate. This material shall not be ordered for any armory unless a Hospital Corps rating group is to be trained therein. -- C A SWANSON

BuMed Circular Letter No. 47-100

4 August 1947

To: Comdts, NDs (less 10, 15 and 17), PRNC

Attn: District Directors of Naval Reserve and District Directors of Training.

Subj: Dental Commissioning Allowance List for Naval Reserve Armories.

Encl: A. (HW) 5 copies of subject list. (Available on request.)

1. Enclosure A herewith is effective upon receipt. Material listed is considered adequate for one (1) Dental Officer to provide minimum dental examination facilities for current Naval Reserve requirements.
2. Material shall be requisitioned from the nearest Naval Medical Supply Depot on Forms NAVMED-4. Replenishment requisitions shall be submitted via the commandant for screening.
3. During fiscal year 1948 requisitioned material will be issued from available stock as a charge against the appropriation "Naval Reserve." It is necessary that the following notation be indicated on each requisition in addition to current data required:

For Dental Commissioning Allowance for Naval Reserve Armories; charge against the appropriation "Naval Reserve, 1948".

For fiscal year 1949, commencing 1 July 1948, and thereafter, charges will be against the appropriation "Medical Department, Navy."

4. Naval Medical Supply Depots will prepare and maintain "back-order" requisitions for items that are not in stock. These "back-order" items will be shipped as soon as available.
5. Subject allowance, Enclosure A, herewith, is authorized at the discretion of addressee concerned subject to adequate space and facility requirements. -- C A SWANSON

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BuMed Circular Letter No. 47-101

4 August 1947

To: DMOs; MedOfsCom, NavHosps; SMOs, ShoStas.

Subj: Information regarding Medical Department activities of general interest to the Navy and public.

1. The Bureau of Medicine and Surgery receives official reports dealing with professional and statistical material from all Medical Department units. There are, however, numerous Medical Department activities which are of general interest to the Navy and the public. The Secretary of the Navy has stressed that informing the American public fully of the work of all units of the naval establishment is a paramount responsibility of all commanding officers.
2. It is desired that items believed to be of general interest regarding professional work, research, medical and scientific meetings, anniversaries of the establishment of hospitals, personal items regarding either patients or the staff of medical units that might be of interest to home town papers, be forwarded to the Bureau. The Bureau will screen all such material to assure that it is suitable for publication in conformity with existing Departmental policy.
3. News items of the character outlined in the preceding paragraph will be of considerable value in supplying information to medical journals and also the general press regarding the medical care given Navy personnel and the work of the Medical Department of the Navy.--C A SWANSON

BuMed Circular Letter No. 47-102

5 August 1947

To: All Ships and Stations

Subj: Gonorrheal Urethritis, Treatment by Pharmacist's Mates on Independent Duty

Ref: (a) pars. 12B6.2, 12E50, 2222, 236.3, line 12 subpar. (b), and 5120, ManMedDept.
(b) BuMed Cir Ltr No. 45-127.
(c) BuMed News Letter, vol. 8, No. 5, p. 10, re: Masking of Early Syphilis by Penicillin Therapy in Gonorrhea.

1. Attention is invited to the above references.
2. Cases of gonorrheal urethritis that develop on board destroyers, submarines, small craft, or at outlying stations at which the services of a medical officer cannot be obtained, may be treated with penicillin by pharmacist's mates fully qualified for independent duty. This treatment will be at the discretion of the commanding officer, who shall be kept informed of all cases requiring treatment. Diagnosis should be as definite as possible, and pharmacist's mates on ships which have a microscope should utilize these in establishing a diagnosis. The Venereal Disease Contact Report (NAVMED-171) shall be prepared and forwarded on each case.
3. It is suggested that the treatment of these cases of gonorrhea consist of intramuscular injections of either sodium, calcium, or crystalline penicillin. The recommended method of use is as follows: Dissolve 200,000 units of penicillin in 6 cc. of physiological saline or distilled water and inject intramuscularly as follows: At zero hour administer 40,000 units (1.2cc); at 1 hour, administer 40,000 units (1.2cc); at 2 hours, 40,000 units (1.2cc); and at 3 hours a final injection of 80,000 units (2.4cc). If the patient fails to respond to this 3-hour treatment it is suggested that the same procedure be repeated after 3 days. Should this fail to effect a "cure" it is considered that the patient should be transferred at the earliest opportunity to an activity having a medical officer.
4. Pharmacist's mates should be on the alert for evidence of reaction and toxicity in the treatment of gonorrhea with penicillin and chemotherapy. Reactions from penicillin are few, but in those cases where a febrile reaction occurs, it might possibly be a Herxheimer reaction, and therefore a possibility that the patient might have coexistent syphilis, either active or latent, or in the incubation stage. All cases having a reaction should be reported to a medical officer as soon as practicable. The administration of penicillin in the treatment of gonorrhea may delay or mask the symptoms of syphilis. Therefore all cases of gonorrhea treated with penicillin shall have monthly blood Kahns for 4 months after treatment. If this is impossible, a blood Kahn should be taken 4 months after treatment is completed. Should open genital lesions develop, treatment shall consist of normal saline dressings only in order to facilitate later diagnosis and avoid reactions. Proper hygienic procedures should be initiated and these cases shall be admitted to the sick list and transferred to an adequate medical facility as soon as possible.

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5. Crystalline penicillin does not require refrigeration; however, once a solution is made it deteriorates very rapidly. Due to the danger involved and the greater frequency of reactions encountered, penicillin in oil and wax shall not be administered by pharmacist's mates on independent duty. The following stock of penicillin is available for issue to destroyers, submarines, small craft, and outlying stations having a pharmacist's mate on board who is qualified for independent duty:

Stock Number 1-606-755 PENICILLIN, CALCIUM	200,000 Units Bottle
Stock Number 1-606-790 PENICILLIN, CRYSTALLINE	200,000 Units Bottle
Stock Number 1-606-810 PENICILLIN, SODIUM	200,000 Units Bottle

-- C A SWANSON

BuMed Circular Letter No. 47-103

7 August 1947

To: All Shore Stas having MedDept Allotments, F.Y. 1948, including NavHosps.

Subj: Recording and Reporting of Salaries of Group IVb Civilian Employees Chargeable to Appropriation "Medical Department, Navy."

Ref: (a) BuMed Cir Ltr No. 45-237.
(b) BuMed Cir Ltr No. 47-98.

1. Reference (a) is hereby canceled.
2. Complete instructions for recording and reporting of salaries of Group IVb civilian employees chargeable to appropriation "Medical Department, Navy," for fiscal year 1948 and subsequent fiscal years are contained in reference (b) with enclosures. -- H L PUGH

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JOINT LETTER: -- BuMed - BuPers

7 August 1947

To: All Ships and Stations

BuMed Circular Letter No. 47-104

Subj: Cancellation of Certain BuMed and BuPers joint letters.

Encl: A. List of joint letters of BuMed and BuPers canceled.

1. The joint letters listed in the enclosure hereto are canceled. -- C A SWANSON -- J W ROPER

ENCLOSURE A

BuMed Circular Letter No. 45-42 and BuMed Circular Letter No. 45-106.

(Other letters canceled in this enclosure have already been canceled in the Revised Bureau of Medicine and Surgery Bulletin of Circular Letters.)

BuMed Circular Letter No. 47-105

12 August 1947

To: MedOfsCom, NavHosps

Subj: Transfer of Navy and Marine Corps Patients to Veterans Administration Hospitals; Physical Evaluation Prior to Effecting

Ref: (a) Par. 3330.3, ManMedDept.
(b) BuMed-BuPers Joint ltr, BuMed Cir Ltr No. 43-117.
(c) BuMed-MarCorps Joint ltr, BuMed Cir Ltr No. 43-136.

1. The provisions of reference (a) require certification by Boards of Medical Survey that transfer to a Veterans Administration Hospital for continued treatment will not endanger life or recovery.
2. As a further safeguard against effecting the transfer of naval patients to Veterans Administration Hospitals in whose case physical condition may have deteriorated during the interim between submission of survey and the designation of a facility by the Veterans Administration, it is directed that a full and complete evaluation of patients' physical condition in the light of distance and mode of travel be accorded each such patient immediately prior to effecting transfer.

-- C A SWANSON

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47-110

BuMed Circular Letter No. 47-110

19 August 1947

To: Comdts, All NDs (less 10, 14, 15 and 17)
Attn: DMOs

Subj: Trailer, four wheel, mobile, surgical operating; assignment to Naval Districts for disaster relief.

Encl: A. (HW) Basic Allowance List for trailer, four wheel, surgical operating.

1. The recent Texas City Disaster demonstrated the desirability of providing a mobile type surgical unit to augment other emergency supplies and equipment available to Commandants of Naval Districts in furtherance of District Casualty Plans. Such a unit was procured, equipped, and used, jointly by the Marine Corps and the Bureau of Medicine and Surgery during World War II. These units provided a highly mobile, self sustaining operating unit for the Medical Departments of Marine Divisions.
2. Enclosure A outlines the basic allowance of supplies and equipment provided by this bureau for these trailers.
3. The Commandant, U. S. Marine Corps has agreed to the assignment of eleven (11) of these trailers to Naval Districts for use in disaster relief, subject to return to the Marine Corps, in condition for immediate use, when required. Assignment of these vehicles by the Marine Corps to the Bureau of Medicine and Surgery will be on a custody basis, with the Marine Corps retaining accountability records. Custody will be further assigned by this bureau to the District Medical Officer having cognizance; maintenance and up-keep will be provided by the hospital designated by the District Medical Officer. Funds required for maintenance, upkeep and operation will be chargeable to the hospital so designated, however, the vehicle will not be taken up in the property records of the hospital.
4. Addressees shall immediately advise this bureau, referencing this letter, of the hospital to which they desire one of these units assigned.
5. Periodic inspections of this trailer and its components shall be made in order to insure maximal efficiency at all times and when required for immediate use. The medical component shall be maintained in accordance with the basic allowance list; Enclosure A, plus such other consumable supplies as required by the surgical team for the operation of this unit. Attention shall be given to the rotation of items subject to deterioration. Requisitions shall be submitted as required to bring the medical component of these trailers up to approved allowance. Inspection, maintenance and upkeep shall include qualified personnel to inspect and service the non-medical components of the trailer, such as air conditioning unit, generator and lighting system. No change is to be made in exterior color and USMC markings of trailer. Should repainting become necessary, basic color and markings will be adhered to. A suitable towing vehicle shall be assigned from automotive equipment available to the hospital or within the district.
6. Addressees shall augment the above instructions as necessary, including instructions for the training of surgical teams from personnel available to the hospital in order that this unit may be readily available for disaster relief when required. -- C A SWANSON

ENCLOSURE A

Item	Stock No.	Description	Unit	Amount
1.	9-593-125	Unit #23 - Surgical Utensil Set	One	1
2.	9-590-225	Unit #24 - Surgical Linen and Supply Kit	One	1
3.	9-563-225	Unit #25 - Surgical Dressing Kit	One	1
4.	9-526-375	Unit #36 - Surgical Instrument Kit	One	1
5.	3-752-500	Suction Apparatus, Automatic, Thermotic, Portable, 110 Volt, AC-DC	One	1
6.	3-425-600	Inhalator, Mask Type, Oxygen-Helium Outfits	One	1
7.	3-425-240	Bag, Rebreathing, 2 liter	One	1
8.	3-425-350	Mask, Oronasal, Rubber	One	1
9.	7-099-035	Table Operating, Pedestal, Medium	One	1
10.	4-463-120	Tubing, Rubber, Red $\frac{1}{4}$ " d. $\frac{1}{8}$ " Wall	Each	5

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47-111

BuMed Circular Letter No. 47-111

RESTRICTED

27 August 1947

To: All Ships and Stations

Subj: Secret and Confidential Reports, Downgrading of.

Ref: (a) Art. 76(5)(b), Navy Regulations, 1920.

1. The following secret and confidential reports are hereby downgraded as indicated:

<u>Report</u>	<u>Present classification</u>	<u>Downgraded to</u>
"United States Naval Medical Service in the Invasion of Normandy," by Captain G. B. Dowling, (MC) USN.	Secret	Restricted
Reports of Survivors from Sunken Aircraft and Vessels	Secret and Confidential	Unclassified

-- C A SWANSON

JOINT LETTER -- BUMED - BUPERS

BuMed Circular Letter No. 47-115

29 August 1947

To: All Ships and Stations

Subj: Radium Plaque Adaptometer Night-Vision Testing of Naval Personnel, Postwar Program for.

- Ref: (a) CNO ltr Op-414, serial 1162P414, 15 Apr 1947.
(b) VCNO ltr Op-23-1-BH(SC), P2-3, serial 0287923, 14 Jul 1943.
(c) BuPers-BuMed Joint ltr of 22 Mar, BuMed Cir Ltr No. 44-43.
(d) BuMed Cir Ltr No. 45-230.
(e) BuPers Cir Ltr 239-43, N.D. Bull. Cum. Ed. 1943, 43-1638, p. 938.

- References (c), (d), (e), and all other directives pertaining to the promulgation and implementation of subject program in conflict herewith are hereby canceled and superseded by this letter.
 - Effective as soon as practicable following receipt of this directive all naval personnel, including both officer and enlisted, newly entering the service will be tested for night vision by the radium plaque adaptometer. Personnel who fail shall be retested.
 - Testing units, including the necessary personnel for operation, and the purchase and distribution of the necessary equipment, are hereby authorized and will be continued in operation or established on the following stations:
 - Naval and Marine Corps training centers.
 - Hospital Corps School (Intermediate) Portsmouth, Virginia.
 - Naval Academy.
 - Naval hospitals.
- Testing units shall be under the cognizance of Medical Department personnel. Radium plaque adaptometer instruments will be made available and distributed by the Materiel Division of the Bureau of Medicine and Surgery. Instructions for operation and maintenance of radium plaque adaptometers are being prepared and activities listed above will be informed when such instructions are ready for issue.
- Hospital Corps personnel will be utilized and trained as RPA operators at the Hospital Corps School (Intermediate), Portsmouth, Virginia. Qualified operators will be assigned duty on stations listed in paragraph 3 above.
 - All testing will be conducted under the direction of a medical officer by qualified RPA operators.
 - An entry will be made in the health records and service records of all personnel tested indicating "Pass" or "Fail." -- C A SWANSON -- T L SPRAGUE

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47-118

BuMed Circular Letter No. 47-118

2 September 1947

To: MedOfsCom, NavHosps, NavMedSupDepots, NMMC, Bethesda, Md., NMC, Guam, M. I.

Subj: Work Improvement Program in Medical Department Activities, Installation of.

Ref: (a) NCPI 230.

1. The Bureau has been aware for some time of serious deficiencies in the industrial relations programs of its field activities. It is believed that improvement in this area can be accomplished best through the installation of effective training programs. The purpose of this letter, therefore, is to implement a decision reached by the Bureau and the Office of Industrial Relations to install the Navy's Work Improvement Program in Medical Department Activities.
2. Heretofore BuMed activities have been exempted from participation in the Work Improvement Program. By agreement between the Chief, BuMed and the Chief, OIR, this exemption has been withdrawn, thus making BuMed's participation in the Work Improvement Program mandatory.
3. Under the provisions of reference (a), all activities employing over 300 civilians are required to conduct a training program under the direction of a competent training supervisor. The guide provided on page 7 of reference (a) will be used in determining the size and type of training staff required.
4. Medical Department activities employing over 300 civilians shall take steps immediately to establish and fill a position as training supervisor. The position may be filled by either a civilian employee or an officer of the Hospital Corps who meets the qualification requirements set forth in reference (a). Consideration should be given to combining the duties of this position with those of an over-all industrial relations officer having full responsibility for the administration of the entire civilian personnel program of the activity. In activities employing less than 300 civilians, the MedOfCom shall take the necessary action to secure participation in the Work Improvement Program of some other naval activity in the geographic area.
5. Any additional civilian employment required as a result of this letter shall be absorbed within currently authorized Public Law 390 ceiling and funds for personal services.
6. Addressees should confer with the District Civilian Personnel Directors on the staff of the Commandant of the Naval District in which the activity is located in order to obtain assistance in implementing the provisions of this letter. -- C A SWANSON

BuMed Circular Letter No. 47-119

2 September 1947

To: All Naval Hospitals

Subj: Refund of Lump-sum Leave Payment by Civilian Employees.

Ref: (a) NCPI 105.12-6d (Rev. I, Amend. 2).

1. Various inquiries have been received in the Bureau from certain hospitals regarding the refund of lump-sum leave payment, in cases where subsistence has been deducted from the lump-sum payment, by civilian employees who are employed by the Naval Establishment prior to the expiration of terminal leave accrued prior to separation from another Naval Establishment or other Government agency, by reason of former federal employment, and the method of reporting of actual collections of this type of refund.
2. Ref (a) states that it is the responsibility of naval activities to ascertain if new appointees are entering on duty prior to the expiration of leave represented by lump-sum payment from another activity or Government agency. If such is the case, activities should where necessary, secure information from the releasing activity or agency as to the exact amount of refund required and collection thereof should be made by the employing activity prior to reemployment. The amounts of the refunds should be transmitted to the appropriate payroll or disbursing office with complete explanation. All such collections are covered into the Treasury as "Miscellaneous Receipts." Where refunds are required, the amount collected should be the appropriate gross compensation, including tax withheld at the time of payment.
3. In cases involving refunds, where subsistence has been deducted from lump-sum leave payments, such refund should be obtained from the employee of the gross compensation covering the unexpired portion of the lump-sum leave, less the amount deducted for meals. The amount refunded will include the amount of tax deduction as the employee has received credit for such deduction on the Form W-3. Any amount of total deposits determined at the end of the taxable year to be in excess of tax liability will be refunded by the Treasury Department. The amount collected shall be deposited to the credit of "Miscellaneous Receipts" in accordance with ref (a).

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4. The accounting and reporting procedure for refunds is that the pay account of the employee shall be credited for the amount of meals checked for the unexpired portion of lump-sum leave and the amount so credited shall be charged to the appropriation Medical Department, Navy that was credited for the amount of meals checked at the time of lump-sum leave payment. Deduction shall then be made on the payroll for the amount of the credit. SandA Form 1096 shall be prepared, reporting deposit of the deduction, to the credit of "Miscellaneous Receipts." In this manner the full amount of the unexpired portion of lump-sum leave will be collected and deposited to the credit of "Miscellaneous Receipts."

5. A complete explanation of the transaction shall appear in the "Remarks" column of the payroll.
-- H L PUGH

BuMed Circular Letter No. 47-121

8 September 1947

To: All Ships and Stations

Subj: Drugs, Narcotics, Alcohols, Blood Derivatives, and Special Control Items--Disposition of.

Ref: (a) NPR&DR 1, change 5, May 1947.
(b) NPR&DR 3, Mar 1946.
(c) NPR&DR 4, revision 1, Feb 1946.

1. Attention is directed to references (a), (b), and (c), as may be applicable to geographic location of addressees, for strict compliance in connection with disposition of the subject items. Specifically, attention is invited to instructions regarding disposition of those selected items listed in paragraph 606.6, reference (a), and in BuMed Control Lists in references (b) and (c). All consuming activities, ashore and afloat, are hereby expressly forbidden to declare as surplus any BuMed-controlled item included in the above references. If any such item is included, either as loose stock or as a component of a self-contained unit, in the inventory of property which is to be declared surplus or of a ship which is to be sold, such item will be removed therefrom and disposed of as directed by reference (a), (b), or (c), depending on physical location of the disposing activity.

2. The above directions do not in any way modify existing instructions regarding transfer of BuMed excess property between naval activities. -- H L PUGH

JOINT LETTER -- BUMED - BUPERS - MARCORPS

BuMed Circular Letter No. 47-123

9 September 1947

To: All Ships and Stations

Subj: Casualty Reporting Procedure and Release of Casualty Information for Publication.

Ref: (a) A1Nav 13-42.
(b) A1Nav 162-42.
(c) A1Nav 258-42.
(d) A1Nav 48-45.
(e) A1Nav 58-45.
(f) A1Nav 120-45.
(g) A1Nav 80-46.
(h) A1Nav 301-46.

1. This letter supersedes the above references, which are hereby canceled.

2. Effective upon receipt of this letter the procedure for reporting casualties will be in accordance with articles 908 and 1513, Navy Regulations, articles C-7002, D-9601 and H-1905 (H-1906, part H, revised 1947, distribution of which is not completed), Bureau of Naval Personnel Manual; paragraphs 341, 3417, 3418, 3419, and 16A9.2, Manual of the Medical Department, United States Navy; and articles 1-22 and 3-1 to 3-4, Marine Corps Manual. Persons missing under circumstances not indicative of voluntary absence will be similarly reported. When evidence is conclusive that a missing person is dead, submit a report of death with such appropriate remarks as "body not recovered" or "not identified." In all cases of serious injury or illness commanding officers outside the continental United States having medical custody will submit by dispatch to the Bureau of Naval Personnel or the Commandant of the Marine Corps an original report on admission, including sufficient information for notifying the next of kin, and will follow with prognosis and progress reports as conditions change until the patient is removed from the serious list.

3. Names of casualties will not be released for publication prior to a lapse of 4 hours after release of the notification telegram to the next of kin. In cases of multiple casualties, when notification to the next of kin of all persons involved will be delayed due to lack of information or identification of some individuals, partial release of the names of casualties to the press will not be made without the prior approval of the Bureau of Naval Personnel or the Commandant of the Marine Corps.

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4. Responsibility for notification of the next of kin and control of release to the press within the continental United States will be upon the commanding officer and/or the commandant of the naval district or river command within which the casualty occurred, except when the next of kin resides outside the United States. If unable to notify the next of kin promptly the responsible command will notify the Secretary of the Navy by dispatch with the Bureau of Naval Personnel or the Commandant of the Marine Corps as information addressees, giving the reason the next of kin cannot be notified and furnishing complete information as required by article 908, Navy Regulations.

5. Responsibility for the notification of the next of kin of casualties occurring outside the continental United States, or when death occurs within the United States and the next of kin resides outside the United States, will rest with the Bureau of Naval Personnel or the Commandant of the Marine Corps. Commands beyond the continental United States are authorized to release casualty information to the press 4 hours after release of the notification dispatch to the next of kin. For beginning of the 4-hour interval commands outside the continental United States are directed to use the date-time group of the dispatch which the Bureau of Naval Personnel or the Commandant of the Marine Corps will send to these commands stating that the next of kin have been notified. -- H L PUGH - T L SPRAGUE - A A VANDEGRIFT

BuMed Circular Letter No. 47-125

12 September 1947

To: All Ships and Stations

Subj: Medicinal Gases, Identification of.

Ref: (a) BuMed Cir Ltr No. 47-73.

1. Reference (a) established the policy whereby all medicinal gases employed in the treatment of patients will be obtained from supply facilities under the cognizance of BuSandA. It is probable that the color identification of gas cylinders will be revised as a result of studies recently conducted by Federal agencies. Accordingly, the attention of all medical department personnel is called to the necessity of proper identification of medicinal gases prior to use. Gas cylinders are identified by two means; i.e., a color code and a label.

2. All medical department personnel employing medicinal gases shall positively identify gases employed by means of the label attached. The color code may be used as an aid in stowage and handling only, but shall never be relied upon for the purpose of identifying the medicinal substance contained in the cylinder at time of administration. -- H L PUGH

BuMed Circular Letter No. 47-126

12 September 1947

To: All Ships and Stations

Subj: NAVMED Forms, Stocks of.

Ref: (a) BuMed Cir Ltr 46-101.

1. Reference (a) is hereby canceled.

2. District publications and printing offices have been established in all naval districts, with the exception of the Tenth, and NAVMED forms are stocked therein. District activities shall submit requests for NAVMED forms to their respective DP&PO. Tenth Naval District, nondistrict, and fleet activities shall submit their requests to the most conveniently located DP&PO. -- H L PUGH

47-130

RESTRICTED

BuMed Circular Letter No. 47-130

18 September 1947

To: All Ships and Stations

Subj: Diathermy Apparatus, Short-Wave, 110-Volt, 60 Cycle, A.C.--Limitation of Use.

Ref: (a) Federal Communications Commission Rules and Regulations (Title 47--Telecommunication--Chapter I), Part 18, Rules and Regulations Relating to Industrial, Scientific, and Medical Service (Effective June 15, 1947).

1. In accordance with a recent ruling of the Federal Communications Commission, medical diathermy equipment procured prior to 1 July 1947 cannot be used after 30 June 1952. Therefore, on each short-wave diathermy apparatus in use or in storage, upon receipt of this letter, there shall be permanently attached a label which reads as follows:

"In accordance with Federal Communications Commission Rules and Regulations (Title 47--Telecommunication Chapter I), Part 18, Rules and Regulations Relating to Industrial, Scientific, and Medical Service, effective 15 June 1947, this equipment shall not be used after 30 June 1952."

2. The above mentioned requirement is applicable to any short-wave diathermy apparatus on hand or in use, at the present time, standard or nonstandard, regardless of whether or not the unit operates within the presently assigned frequency.

3. Future procurement of short-wave diathermy apparatus will specify delivery with a dated name plate and indication of Federal Communications Commission's type approval and therefore will not require the above label. -- H L PUGH

BuMed Circular Letter No. 47-131

22 September 1947

To: MedOfsCom, NavHosps

Subj: Cross Index System for Clinical Records

Ref: (a) NAVMED-1193 - Cross Index System for Clinical Records for Use in Naval Hospitals.

1. Instructions contained in ref (a) required the medical records librarian to submit to the Medical Officer in Command a quarterly summary of the hospital's experience as reflected by the cross index. A copy of this quarterly report shall be submitted to the Bureau. The initial report should be for the quarter ending 30 Sep 1947, covering such portion of the quarter as the cross index system has been in operation. -- H L PUGH

BuMed Circular Letter No. 47-132. Subj: Advance Change 3-2, ManMedDept. Canceled -- Individual copies sent to all holders of the Manual. This advance change will be incorporated in printed page change 3.

BuMed Circular Letter No. 47-133

29 September 1947

To: All Ships and Stations

Subj: Medical Service Corps Officers, Reporting of on NAVMED-HC-3 and HC-4.

Ref: (a) Par. 517, ManMedDept.
(b) Par. 518, ManMedDept.

1. Medical Service Corps officers shall be reported on Forms NAVMED-HC-3 and HC-4 in the same manner as Hospital Corps officers.

2. Revisions to references (a) and (b) will be distributed at a later date. -- H L PUGH

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47-135

BuMed Circular Letter No. 47-135

3 October 1947

To: MedOfsCom, NavHosps

Subj: Training Program for Naval Reserve Hospital Corpsmen - Annual Training Cruise.

Ref: (a) BuMed Cir Ltr No. 47-31.

1. Reference (a) outlined the armory training program for enlisted Hospital Corpsmen of the Inactive Naval Reserve. Pursuant to the fulfillment of this program an annual two-weeks training cruise is hereby authorized at all naval hospitals.

2. Personnel authorized by competent authority to report for this training will be given practical instruction in the several wards, clinics and administrative divisions of the hospital appropriate to their ratings and technical specialties. Care and attention should be exercised to see that trainees receive experience and instruction pertinent to the basic duties required of Hospital Corpsmen.

3. Personnel assigned to naval hospitals for subject training shall be reported on lines 103 and 104, Section E, Monthly Ration Record, NAVMED-HF-36. If other enlisted personnel, in addition to the above, are included on these lines, an analysis shall be made under "Remarks" on the Monthly Ration Record, indicating separately the number of subsistence days applicable to the subject personnel. An analysis of the above lines will be required from those hospitals having enlisted personnel of the Hospital Corps attached to the hospital for special instruction by order of the Navy Department. When subject personnel are admitted to the sick list, they shall be reported on the applicable line in Section A of the Monthly Ration Record in accordance with existing instructions. -- H L PUGH

BuMed Circular Letter No. 47-137

7 October 1947

To: All Ships and Stations

Subj: Catalog of Hospital Corps Schools and Courses--Revised 1944 (NAVMED-367), Modification of.

Ref: (a) BuMed-BuPers Joint Letter (BuMed Cir Ltr No. 47-115).

1. Pursuant to the instructions contained in reference (a) the curriculum for the Intermediate (Class "B") Course of Instruction for Hospital Corpsmen listed in the Catalog of Hospital Corps Schools and Courses, Revised 1944 (NAVMED-367), is hereby modified to include a course of instruction in night vision testing of naval personnel.

2. This instruction will be included as a part of the instruction in "Minor Surgery and First Aid, Advanced," subject "MSFA-5," listed in subject catalog on pages 30 and 65.

3. One hour of theoretical and two hours of practical instruction are considered basically sufficient to provide students with the essentials for testing personnel for night vision by the radium plaque adaptometer.

4. No special designator will be used to indicate hospital corpsmen who have undergone this instruction. All men completing the intermediate course of instruction for hospital corpsmen subsequent to 1 January 1948 will be considered qualified as instructors or operators in night vision testing of personnel. -- H L PUGH

RESTRICTED

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BuMed Circular Letter No. 47-139

9 October 1947

To: All Medical Department Activities, Continental U. S.

Subj: Gas and Gas Cylinders

Ref: (a) BuMed Cir Ltr No. 47-73.
(b) BuSanda Ltr L7-2/NY/NS (RSU-ln, dated 17 Apr 1947).

Encl: A. (HW) Copy of reference (b).

1. Reference (a) established the procedure for procurement of gas and gas cylinders by Medical Department activities. Those items carried in General Stores Section of the Catalog of Navy Material under the cognizance of BuSanda are to be obtained from that source.
2. Since procurement of cylinders listed in the General Stores Section of the Catalog of Navy Material is under the direct cognizance of BuSanda, it is necessary that Medical Department shore activities submit to local Major Supply Activities their requirements in accordance with paragraph 3 of reference (b). Paragraph 2 of reference (b) established the method of determining requirements and directs establishments of pools to meet station operational requirements.
3. Accordingly, reference (b) is forwarded as enclosure A for compliance. -- H L PUGH

ENCLOSURE A

L7-2/NY/NS (RSU-ln)

17 April 1947

From: The Chief of the Bureau of Supplies and Accounts

To: Commandants of Naval Districts, River Commands and Air Training Commands) within
Commanders and Commanding Officers of Naval Shipyards and Naval Stations) continental
All Supply Officers Ashore) United States

Subj: Cylinder Pools for Compressed and Liquified Gases - Operation of.

Ref: (a) BuSanda ltr L8/NY/NS (RSU-ln) dtd 6 Feb 1947.
(b) BuSanda ltr L8/NY/NS (RSU-FED) cea dtd 26 Mar 1947.
(c) Catalog of Navy Material (General Stores Section) - Class 51.

1. Reference (a) directed each major supply activity to "set up a cylinder pool that can operate effectively and independently from pools at other major supply activities and provide the required stocks of gases and cylinders for dependent activities (including forces afloat) which do not procure directly from a contractor or other sources". It is expected that a dependent activity will turn in an empty cylinder to its major supply activity's cylinder pool in exchange for each cylinder withdrawn.
2. In keeping with reference (a), it is directed that all other addressees establish a pool of those standard gas cylinders listed in reference (c) (except helium gas cylinders which are under the cognizance of the Bureau of Aeronautics) which are required to meet station operation requirements. In estimating the quantity of cylinders required, the following factors should not be overlooked:
 - (a) The Normal (or anticipated) rate of issue.
 - (b) A safety margin to meet temporary and unexpected demands.
 - (c) The time required to refill and return the various types of cylinders to the cylinder pool.
3. Requirements for gas cylinders to set up the cylinder pools as outlined in paragraph 2 above will be submitted to major supply activities. Upon receipt of a request for standard stock gas cylinders from a minor activity, the major supply activities will fill the requirements from stocks on hand over and above the requirements of their own cylinder pool. Requirements which cannot be filled by the major supply activities will be forwarded to the Bureau of Supplies and Accounts.
4. Major supply activities will report gas cylinders in excess of their requirements in accordance with reference (a). Minor supply activities will report gas cylinders in excess of their requirements in accordance with reference (b). Dependent activities will return gas cylinders in excess of their requirements to the nearest major or minor supply activity.

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5. For the purpose of this directive the following definitions are given:

(a) Major Supply Activities

The Naval Gun Factor, Naval Supply Depots and Shipyards now listed in Bureau of Supplies and Accounts Manual Paragraph 27090-2. These are, insofar as this definition applies, engaged in receipt, storage, issue, and maintenance of standard stock items of material listed in the Catalog of Navy Material.

(b) Minor Supply Activities

Activities which procure standard stock items from Major Supply Activities for their own use and which carry stocks of such items for their own maintenance and upkeep and for issue to dependent activities.

(c) Dependent Activities

Those which carry no stocks for issue to other activities.

6. With few exceptions, there are excess standard stock gas cylinders of practically all of the types needed for the operation of the cylinder pools. Requirements for these exceptions will be filled by the Bureau by converting excess gas cylinders to the desired service, and by purchasing new cylinders. In the interim, it will be necessary to procure some types of gases in contractor-owned cylinders. When contractor-owned cylinders are used, care will be exercised to maintain a follow-up system to insure the return of these cylinders at the earliest possible date. This Bureau does not desire to be required to purchase contractor-owned cylinders because of failure of ordering activities to return such cylinders within the specified time. -- W A BUCK

BuMed Circular Letter No. 47-140

10 October 1947

To: All Ships and Stations

Subj: Sodium Monofluoracetate (1080), Rodenticide--Procurement and Precautions in the Use of

- Ref: (a) BuMed News Letter, vol. 6, No. 9 of 26 Oct 1945.
 (b) NAVMED-518, Manual on Rat Control, American Mainland and Pacific Regions, of 1944.
 (c) War Department Technical Manual, TM5-632, Insect and Rodent Control, Repairs and Utilities, of Oct 1945.
 (d) BuSanda Monthly News Letter of Jan 1947, p. 15.
 (e) BuSanda General Stores Catalog Bulletin No. 32, of July 1947.
 (f) Par. 1522, ManMedDept, 1945.

1. Sodium monofluoracetate (1080), a highly toxic rodenticide developed during the war, has become a valuable poison in the control of rodents on board ships and at naval establishments in the field. With the removal of wartime restrictions this material is being given wide publicity by both governmental and civilian agencies vitally concerned with combating the ever-present rodent menace. To obviate any untoward mishap among naval personnel and to allay any false impressions of the toxicity of this rodenticide, the following data are presented for the information and guidance of all naval personnel engaging in rodent control operations where the use of sodium monofluoracetate is contemplated. It is emphasized, however, that this material will be released by BuMed only for use under the strict supervision of trained and qualified personnel.

A. Properties: Sodium monofluoracetate is a fluffy white powder, highly soluble in water. It has a faint acetate odor and a mild acid-salty taste. Do not try to corroborate these properties. It is a stable compound chemically and does not deteriorate when mixed with bait or water. It is not corrosive to metals in general. It is relatively insoluble in organic solvents and vegetable fats and oils. Upon exposure to air, the dry pure powder rapidly takes up moisture from the atmosphere and may become sticky (hygroscopic).

B. Toxicity: Sodium monofluoracetate is a deadly poison. There is no known antidote. The lethal dose of this poison for man has not been definitely established. However, by comparison with the lethal doses for various animals and birds as shown in the table below, it should be assumed that small doses could be fatal to man.

Animal or Bird	Amount of poison in milligrams per kilogram of body weight	Percent Killed
Albino rat	5-7	50
Norway rat, wild (<i>Rattus norvegicus</i>)	3-7	50
Roof rat (<i>R. rattus</i> subsp.)	1-4	50
Cat	0.35-0.5	50
Dog	0.1 -0.2	50
Goat	0.7	50
Pig	0.3	50
Horse	1	50
Monkey (Rhesus)	5 -7.5	50
Chicken (Rhode Island Red hens)	6 -7	50
Mourning dove (<i>Zenaidura macroura</i>)	10	33
English sparrow (<i>Passer domesticus</i>)	2.7	100

This poison is rapidly absorbed by the gastrointestinal tract, exerting its action on the heart muscle (myocardium) and central nervous system in monkeys and presumably in man.

C. First aid: In case of sodium monofluoracetate poisoning, the patient should be kept quiet. Induce vomiting immediately by sticking finger down throat or by use of an emetic. Then give a dose of salts or other cathartic as a purge. Call a medical officer immediately. The attention of all medical department personnel is invited to reference (a).

D. Recommended procedure for handling sodium monofluoracetate:

(1) Do not breathe the dust or swallow any of the poison. Do not smoke or eat while handling the poison. Keep personal contact with the rodenticide at a minimum.

(2) Keep all equipment and supplies plainly labeled. Utensils and equipment must be thoroughly washed after use and not employed for any other purpose.

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(3) Rubber gloves should be worn while mixing and distributing poison bait. Wash hands thoroughly with soap and water upon completion of these operations.

(4) All materials should be kept under lock and key in such a manner that irresponsible persons or domestic animals will be unable to obtain access to them.

(5) Clothing worn during the workday should not be worn during meals or in transit to and from work.

E. Methods for the use of sodium monofluoracetate in the control of rats and mice:

(1) In poisoned water use $\frac{1}{2}$ ounce of the poison per gallon of water.

(2) In food baits use 1 ounce of the poison in 25 pounds of bait.

(3) Do not increase these proportions. Hazards to other animals are lessened by using the recommended concentrations.

(4) If rats and mice are not controlled when the recommended concentrations is used, the trouble lies with the bait or the manner in which it is applied, not with the poison. Rats and mice are cautious in the selection of baits, and control methods must be adapted to local conditions.

(5) Remove all domestic animals, poultry, and pets from the area to be poisoned and keep them out for at least 5 days. Remove and destroy by burning or burying 3 feet below ground all surface kill of rats and mice before releasing animals and poultry which might feed on and be poisoned by them. This hazard of secondary poisoning is to be particularly avoided.

(6) Place baits carefully. Baits may be placed adjacent to burrows and along runways, preferably behind boards or boxes in specially prepared bait stations and other places frequented by rats and mice, and out of reach of irresponsible persons, all animals, and poultry.

(7) The poisoned water may be placed in 3/4-ounce paper cups or fountain-type chicken feeders and similarly distributed. It is advisable to place these types of bait containers on some absorbent material such as a blotter which will soak up the poison in the event it is overturned, thereby preventing contamination of the surrounding area. This is very important when poisoned liquids are used around food supplies.

(8) Do not expose baits or water containing sodium monofluoracetate under any condition that might result in the contamination of food supplies.

(9) At the conclusion of operations, remove and burn or bury any uneaten bait, all water and bait containers, and contaminated blotters.

(10) For further information on poisoning methods, consult references (b) and (c). Reference (d) gives a resume of an excellently organized and executed rat and pest control program conducted at an east-coast naval facility.

F. Control of field rodents:

(1) Field rodents in general are much more susceptible to sodium monofluoracetate poisoning than are rats and mice. Effective control of field rodents results from the use of from 1 to 2 ounces of this poison per 100 pounds of bait.

(2) Successful field rodent control is dependent upon the species of rodent and the local conditions. The bait and the method of application must be carefully adapted to the individual project.

2. Procurement: Sodium monofluoracetate is stocked in 1-ounce cans, eight to the carton, by Naval Supply Depots, Norfolk, Va., and Oakland, Calif. The unit of issue is one carton. It is listed in the General Stores Section of the Catalog of Navy Material as "Sodium Monofluoracetate (Rodenticide), Stock Number 51-S-3339." The cans are labeled as follows: "Rodenticide, Sodium Monofluoracetate, POISON, 1 ounce." The word "POISON" together with a skull and crossbones appears in waterfast red paint. All requisitions for this material must be approved by the Bureau of Medicine and Surgery prior to issue in order to safeguard the supply and to assure that it is issued only to qualified and trained personnel. Consult reference (e). At the present time there are approximately 50 Hospital Corps officers assigned to naval districts and major activities who

are qualified and have been fully trained in the use of this rodenticide. As this training program continues, it is anticipated that trained men will be available to all major commands and large activities. During the interim, the personnel presently available should be utilized on an area-wide basis. Attention is invited to reference (f). -- H L PUGH

BuMed Circular Letter No. 47-141

10 October 1947

To: District Medical Officers, All Naval Districts (Less 10, 14, 15, 17) and PRNC and MOinC, all Continental Naval Hospitals.

Subj: Reorganization of Volunteer Reserve Component of the Medical Department of the Navy.

Ref: (a) NRMAL #36-47.

(b) BuMed ltr BUMED-3422-mpd, dtd 19 Nov 1946.

Encl: A. (HW) Quarterly Report - Sample of.

1. The Bureau of Naval Personnel approved the recommendations of this Bureau that the Volunteer Reserve Component of the Medical Corps shall be organized in Medical Divisions in accordance with ref (a).

2. It is the desire of the Bureau of Medicine and Surgery that District Medical Representatives immediately initiate appropriate action to accomplish the reorganization of the Medical Reserve Corps and all Regular Naval medical officers should be enjoined to make every effort to assist in accomplishing an efficient and well-planned Reserve Component of the Medical Department of the Navy.

3. To facilitate the organization of Medical Divisions, it is suggested that the now-existing Medical Specialists Units be disbanded and Medical Divisions be established in accordance with the provisions of Article H-1307, BuPers Manual. Also, that Organizers of former Medical Specialists Units, wherever possible, be utilized as Medical Officers in Command of Medical Divisions and that medical officers of appropriate rank, formerly members of Specialists Units be encouraged to assume the responsibilities of Medical Officer in Command of Medical Divisions as new Divisions are needed.

Likewise, that in localities where no Medical Specialists Units were organized, Reserve medical officers of appropriate rank and qualifications be contacted and enjoined to request appointment as Medical Officer in Command of a Medical Division.

District Medical Representatives should determine whether there is sufficient Naval medical personnel available to establish a Medical Division in any particular locality.

4. In the procurement of personnel and the administration of the Reserve Medical Program, the Medical Officer in Command of a Medical Division should be assisted by an Executive Medical Officer (inactive), and such Reserve Medical Service Corps personnel as may be deemed necessary to the accomplishment of his mission.

5. In amplification of Article C, para (3) of ref (a), it may be stated that in order to have the complement of a Medical Division a well-balanced organization, it is suggested that the professional qualifications be the determining factor in the assignment, so that each Medical Division may have a diversification of all specialties.

(1) Fifty (50) medical officers of the complement are limited numerically as to assignment in their specialties, so that officers of other specialty groups should be assigned in practical proportions in order to maintain a well-planned Division.

(2) Medical officers certified for Aviation Medicine, Submarine and Amphibious Medicine will be assigned under their respective classification, irrespective of specialty practiced.

(3) Medical officers of high professional qualification and recognized in civilian life as Consultants in a specialty, may be assigned as Consultants.

(4) Medical officers with a P.H. degree and classified as Public Health could be assigned to Preventive Medicine or V-D Control.

(5) Under the Naval Medical Specialties group would be assigned medical officers who have had training in these definite specialties.

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(6) Medical Allied Science officers should be assigned in accordance with the Organizational Plan as far as possible; however, should the HS or MSC officer have a specialty other than specified in the Plan, he may be assigned to a Medical Division, providing the authorized complement is not exceeded.

(7) Chief Warrant Officers and Warrant Officers may be assigned to a Medical Division in practicable numbers within the Hospital Corps group and shall be assigned duties in accordance with their qualifications.

(8) Should there occur a surplus in any classification above the stated complement, such surplus should be assigned to another Medical Division.

6. In connection with the foregoing, the Quarterly Report, ref (b), is cancelled and is to be superseded by instructions contained in Encl A. It is anticipated that a detailed report of Volunteer personnel may be eliminated as soon as Medical Divisions are established and become firm; at that point, only changes occurring during the quarter need be reported. Each District will be notified by separate correspondence relative to this change. The Quarterly Report of Organized Reserve medical officers shall be continued as modified by Encl A.

7. To supplement factual information on Reserve medical officers (inactive) the Bureau of Medicine and Surgery is mailing under separate cover, such questionnaires as have been submitted to this Bureau, which may be of aid in determining professional qualifications.

8. It is the intention of this Bureau to publicize the newly established Program in official BuMed publications, Naval Reserve publications, and through the medium of Medical Journals.

9. The Bureau of Medicine and Surgery cannot emphasize too strongly the necessity of accomplishing the activation of the Reserve Component of the Medical Department of the Navy, and will welcome and appreciate comment and recommendations relative to this Program. -- M D WILLCUTTS

ENCLOSURE A

SAMPLE REPORT

HEADQUARTERS

FIRST NAVAL DISTRICT

REPORT OF VOLUNTEER RESERVE MEDICAL PERSONNEL FOR THE QUARTER ENDED _____

NAVAL RESERVE MEDICAL DIVISION NO. 1-1

Capt. John H. Jones, MCR, USNR, MoInC

Capt. Richard E. Brown, MCR, USNR, Ex. Off.

MEDICAL CORPS

Name	Rank	Class	Sr. or Jr.	Duty Assigned or Specialty
ANDERSON, James H.	Comdr.	MSC	Sr	Ophthalmology
BELL, Raymond R.	LtCdr.	MCR	Jr.	General Surgery
THOMAS, Richard L.	Comdr.	MCM	Sr	General Practitioner

(Continue in alphabetical order)

MEDICAL SERVICE CORPS

Name	Rank	Class	Duty Assigned or Specialty
ABERNATHY, John R.	Lieut.	HS	Optometry
JONES, John J	LtCdr.	MSC	Pharmacy

(Continue in alphabetical order)

NURSE CORPS

Name	Rank	Specialty (if any)
(list in alphabetical order)		

HOSPITAL CORPS

Ch. Pharm.....1	PhM2c.....30
Pharm.....3	PhM3c.....50
CPhM.....10	HA1c.....30
PhM1c.....20	HA2c.....60

TECHNICIANS

Aviation Medicine.....2
Electrocardiograph & EMR.1
Clerical.....8
Laboratory.....6
etc. etc.

List all established Medical Divisions in numerical sequence as shown above, then follow with an alphabetical listing of all medical officers, Medical Service Corps officers (to include MSC, HC, and HS), Nurse Corps officers, Chief Warrant Officers, Warrant Officers in the District which have not as yet been assigned to a Medical Division.

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DISTRICT RECAPITULATION

Medical Divisions established.....	Total Nurse Corps.....
Total in Class MCS.....	Total Ensigns HP.....
Total in Class MCR.....	Total ChWarrant and Warrant.....
Total in Class MCM.....	Total Enlisted Hospital Corps.....
Total in Class HC, HS, MSC.....	

COMMENTS AND RECOMMENDATIONS: Comment on progress, procurement, difficulties encountered; recommendations for improvement, etc.

SAMPLE REPORT

HEADQUARTERS
FIRST NAVAL DISTRICT

REPORT OF ORGANIZED RESERVE MEDICAL OFFICERS FOR THE QUARTER ENDED _____

Name	Rank	Class	Specialty	Unit Assigned
ANDERSON, James H.	Capt.	MCS	Ophthalmology	SQ VF-56E NAS, Squantum
BENSON, Edward F.	LtCdr	MCR	General Surgery	Bn 1-1, Boston, Mass.
CARSON, Henry P.	Lieut	MCM	General Practice	FAS RON 71 NAS, Squantum

(List in alphabetical order and give specialty practiced whenever known)

NOTE: The Report for the Organized Reserve shall contain Reserve medical officers only and shall be separate from the Report submitted for the Volunteer Reserve.

Submit Reports to this Bureau in triplicate, as soon after the close of the Quarter as is practicable.

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47-142

BuMed Circular Letter No. 47-142

10 October 1947

To: District Medical Officers (except 10, 14, 15 and 17)
Staff Medical Officers, PRNC; SRNC; CNATra; MarBaks, Quantico, Va.; MarCorpsCruitDepot,
Parris Isl., S.C.; ComServSubordComLANT; ComServPAC.

Via: Commandants and Commanding General, Marine Barracks, Quantico, Va., and Marine Corps Recruit Depot, Parris Island, South Carolina.

Subj: General Instructions Relative to Submission of Weekly Combined Report of Enlisted Hospital Corps Personnel (Form NAVMED-590) and Selection of Hospital Corps Enlisted Ratings for Transfer.

Ref: (a) Par. 156, ManMedDept.
(b) Par. 5136, ManMedDept.

Encl: A. Copies of Form NAVMED-590 (Rev. 9-47). (Available on request)

1. Addressees shall continue to submit form NAVMED-590 to BuMed in accordance with paragraph 5124, Manual of the Medical Department. It is the intent of the Bureau that addressees shall account for all Hospital Corps enlisted personnel on form NAVMED-590, including those with dental designators, who are assigned duty at activities within the jurisdiction of the command.

2. The Medical Officer of each administrative command shall keep a running total of allowances of Hospital Corps ratings and technicians, including Dental, by adding the allowances of new activities and increases authorized by BuPers; and deducting from the total all ratings and technicians of activities inactivated, and decreases in complements ordered by BuPers. All changes in allowances shall be reported on form NAVMED-590 showing the name of the activity involved inserted in the appropriate line (18, 19, 20 or 21), with rating breakdown extended into vertical rating columns.

3. Information requested on the lines of subject report is self-explanatory. However, in the interest of clarification the following remarks apply to lines as indicated:

- (a) Line #1 - Include total Hospital Corps ratings authorized by BuPers allowances, including all Dental billets. Technicians authorized on BuPers allowance sheets are included within the total number of hospital corpsmen allotted and are not to be construed as increasing the total number of men allowed.
- (b) Lines #2 to #8 - Provide a complete enlisted Hospital Corps personnel picture of net personnel remaining on board in the district area or fleet for duty. Ratings reported on lines nine (9), ten (10) and eleven (11) are to be included in appropriate "On Board Line", and in the "Total on Board" computation (Line #8). Ratings reported on line twelve (12) are to be substrated from appropriate "On Board Line" and from the "Total on Board" computation (Line #8).
- (c) Line #9 - Information in this line is designed to provide a detailed picture of numbers of hospital corpsmen designated as Dental Technicians assigned to the district, area or fleet for duty.
- (d) Line #13 -The ratings reported on this line are not to be included in totals reported on any other line of form NAVMED-590. Information required on line thirteen (13) is designed to show the total number of Hospital Corps ratings under instruction in the various technical specialties by authority of BuPers orders. Also, the number of students undergoing training in intermediate and basic schools.
- (e) Line #14 -Personnel to be reported on this line includes reserves on active duty due for separation and USN enlisted men whose enlistments expire within ensuing three (3) months.
- (f) Line #15 -This line applies only to USN enlisted men who will complete their normal tour of sea or shore duty, as defined by current BuPers directives, within ensuing three (3) months.
- (g) Line #16 -Indicate the date and serial number of last BuPers orders used in computation of totals on lines 2, 3, 4, 5, 6, 7, 8, 10 and 12 and in addition, show serial numbers of despatch orders received and on which action has not been completed.

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- (h) Line #17 -Special care must be exercised in the preparation of information required in the table of line seventeen (17). This line is used to maintain proper balances of technicians within administrative commands ashore and at sea. Also, it will serve as a guide in issuing quotas for transfer of hospital corpsmen to courses of instruction in technical specialties.

4. The maintenance of a flow of candidates for courses of instruction in the various technical specialties is essential and will require vigorous efforts on the part of District and Staff Medical Officers to stimulate interest within Medical Departments of activities under their jurisdiction. It shall be the responsibility of the District or Staff Medical Officer to insure compliance with provisions of reference (b).

5. Upon receipt of information copies of BuPers orders, in which the rating structure and the classification "USN" and "USNR" is not indicated, directing the transfer of personnel to the District or Administrative Command, such command shall arbitrarily break the number involved into a rating structure and post accordingly in appropriate "On Board" totals (Line (2) to (7) inclusive), "Ordered In" (Line 10) and "Total on Board" (Line 8) columns. It may be assumed that the personnel ordered in are "USN" until their actual reporting, at which time current classification and rating should be adjusted through records and reflected in subsequent weekly reports to the Bureau. It is assumed that Administrative Commands have knowledge of ratings and classifications of personnel ordered out and that proper reporting of this group presents no problem. However, in necessary instances the above procedure in reverse would be satisfactory.

6. In order to comply with this directive and maintain information necessary to be submitted on form NAVMED-590, strict accounting of all BuPers orders must be maintained and actual transfers and receipts of personnel must be matched with order authorizing and directing movements.

7. It is emphasized that the nomination of enlisted hospital corpsmen designated as Dental Technicians (DP-DGT-DPT-DRM) to the Staff Enlisted Distribution officer for transfer or assignment to duty is a matter under the cognizance and responsibility of the District or Staff Dental Officer. However, since Dental Technicians are a part of the Hospital Corps the accounting for the numbers of Dental Technicians within the command must remain a matter under the cognizance of the Medical Officer and will require the Dental Officer to furnish the District or Staff Medical Officer a copy of the report required by paragraph 5124.2, Manual of the Medical Department.

8. In general, hospital corpsmen who have been ashore the longest shall be selected for transfer to sea assignments in compliance with BuPers blanket orders issued to Commandants and Administrative Commands. However, hospital corpsmen having technical and special qualifications listed in NAVMED-590 shall not be selected for transfer in filling BuPers blanket orders unless so specified in the orders.

9. A supply of a revised form NAVMED-590 (Rev. 9-47) is enclosed, and all unused stocks of previously printed NAVMED-590's, with the exception of NAVMED-590 (Dental), are to be disposed of. The NAVMED-590 (Rev. 9-47) forms will be stocked only at BuMed. -- C A SWANSON

BuMed Circular Letter No. 47-143

To: All Ships and Stations

Subj: Hospital Patients, Government Air Transportation of.

Ref: (a) BuMed Cir Ltr No. 46-128.
(b) MarCorps-BuPers-BuMed Joint ltr of 27 Jan 1947, BuMed Cir Ltr No. 47-17.
(c) BuPers-BuSanda Joint Ltr 12 Sept. 1946; N.D. Bull., 15 Sept 1946, 46-1887.
(d) BuPers Cir Ltr 209-46, N.D. Bull., 15 Sept 1946, 46-1882.

1. Reference (a) is cancelled.

2. When transportation for patients is required it is established policy to use Government air transportation for all patients capable of being transported by air both in peace-time and war-time, except when other means of transportation are more expeditious.

3. Hospital flights are regularly scheduled to meet normal patient transport requirements. Special flights will be made from hospitals not on scheduled routes when the number of patients to be transferred or the nature of the case warrants. Requests for special flights shall be addressed to the Bureau of Medicine and Surgery.

4. Naval hospitals and dispensaries desiring air transportation for patients shall obtain authority in accordance with reference (b). After authority has been received they shall request space from the nearest naval air transport office and provide that office with the following information:

- (a) Number of litter patients.
- (b) Number of ambulatory patients.
- (c) Diagnosis and classification of patients in accordance with par. 5117.2, ManMedDept.
- (d) Number of female patients, if any.
- (e) Date and time transportation desired.
- (f) Originating station.
- (g) Destination.

5. Flight surgeons and specially trained flight nurses and pharmacist's mates have been assigned to the air transport service to insure adequate medical attendants on all hospital flights both inside and outside the continental limits of the United States. Medical attendants are assigned to each hospital flight as a part of the flight crew. Naval hospitals and naval dispensaries are not required to provide medical attendants except in special cases when sufficient medical attendants cannot be supplied by the air transport service. The originating hospital will honor the request of the air transport service for additional medical attendants, but will not supply attendants unless they have been requested by the air transport office.

6. Upon confirmation of the space by the air transport office, the medical officer in command of the hospital (or the commanding officer of the station) shall prepare orders for the patients. In the event additional attendants have been requested by the air transport office, temporary additional duty orders will be requested from the cognizant issuing command in accordance with reference (c) or (d), as appropriate. These orders shall be so worded that endorsements by NATS will not be required en route or at the destination. Orders shall direct travel via Government aircraft and authorize per diem. With the exception of psychotic patients no per diem shall be authorized for the time in transit in the case of inactive, retired, Fleet Reserve, and Fleet Marine Corps Reserve personnel. The orders shall state that class 2 priority via Government air is certified for the transportation of patients and their attendants and that a class 3 priority via Government air is certified for the attendants' return to their duty station. In the event the attendant has a medical kit his orders shall authorize the excess baggage. Patients on hospital flights will be granted a baggage allowance of one sea bag and one ditty bag, not to exceed 65 pounds.

7. Stretcher cases will be delivered on semirigid canvas litters. The originating hospital will supply the litters, sheets, blankets, pillows, pillowcases, and restraining apparatus necessary for the care of its patients en route. An equal number of litters and clean supplies shall be returned by the designation hospital via Government air transport.

8. In the case of respiratory paralysis patients the air transport service will deliver a portable respirator to the hospital together with medical attendants instructed in its use. These medical attendants will accompany the patient from hospital to the patients destination.

9. The originating hospital will insure that each patient and medical attendant has enough money to provide \$3.00 per day for payment for meals and comforts of travel. Facilities for purchase

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of meals and comforts of travel are provided at stops along the routes, and aboard planes when necessary.

10. The air transport service will advise the destination hospital of the number and classification of patients aboard sufficiently in advance of the plane's arrival to permit ambulance and medical attendants to meet the plane.

11. Reference (b) is not intended to deny Government air transportation on regularly scheduled hospital flights of the Naval Air Transport Service to patient transferring from one medical activity to another for his own convenience and not subject to reimbursement. Government air transportation with class 2 priority may be directed in such cases, but per diem will not be authorized.
-- H L PUGH -- LEMUEL C SHEPHERD Jr -- T L SPRAGUE

BuMed Circular Letter No. 47-144

21 October 1947

To: MedOfsCom, NavHosps

Subj: Form NAVMED-103 (rev. 3-47) -Hospital Bed Capacity Quarterly Report - Changes in.

1. Subject form is to be amended and corrected as follows:

- (a) Amend Table No. 4 by adding a column headed "No. of Qtrs."
- (b) In the wording of instructions on reverse of form, under the heading - MAXIMUM EMERGENCY BED CAPACITY - INACTIVE WARD AND PATIENT SPACES - correct the first sentence by substituting the word "inactive" in the place of the word "active". -- C A SWANSON

BuMed Circular Letter No. 47-145

23 October 1947

To: All Ships and Stations

Subj: Heavy Dental Equipment, Standard Color for.

1. The Joint Army-Navy Dental Item Review Team has adopted cream color as the standard color for heavy dental equipment. This cream color is: Hue 2ca, in the Color Harmony Manual of the Container Corporation of America, as established by JAN specifications. When the present Navy stock of green colored equipment is exhausted only cream colored heavy dental equipment will be purchased and issued.

2. The paint on the dental equipment which has been applied by the manufacturer should be retained when possible. Therefore heavy dental equipment shall not be refinished in cream color only for the purpose of harmonizing it with other equipment. When equipment needs repainting for preservation such refinishing shall be accomplished in the now standard cream color as specified in paragraph 1. As skill and experience are required to properly refinish heavy dental equipment, only those activities that have qualified personnel and the necessary equipment and material available shall undertake to accomplish work of this nature.

3. Standard items of heavy dental equipment now issued by the Naval Medical Supply Depot may be either cream or green in color. Standard models and types of heavy dental equipment presently in use shall be accounted for under Army-Navy Catalog of Medical Materiel stock number for standard items regardless of the color they are painted. (For example: A Ritter Senior Dental Operating Unit, Model E, 110 volts, 60 cycle, A.C., is stock number 5-421-475 regardless of the color it is painted.)

4. The following are examples of items referred to as heavy equipment:

<u>Stock No.</u>	<u>Items</u>
5-111-005	Cabinet, dental instrument.
5-143-000	Chair, dental operating.
5-174-015	Compressor, air with 8 gal. tank, 110V, 60cy, AC.
5-174-008	Compressor, air, with 40 gal. tank, 110V, 60cy, AC.
5-385-050	Lamp, dental, operating.
5-421-475	Operating unit, dental, 110V, 60cy, AC.
5-513-150	Receptacle, waste.
6-124-920	Radiographic unit, dental, wall mounting, 110V, 60cy, AC.

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BuMed Circular Letter No. 47-146

29 October 1947

To: All Ships and Stations

Subj: Yellow-Fever Vaccine, Procurement of.

Ref: (a) Par. 35B5.2, ManMedDept.
(b) Par. 35B20, ManMedDept.

1. Yellow-fever vaccine may be procured by submitting a separate NAVMED-4 requisition to medical supply depots or by letter to the distribution centers listed below, in accordance with ref (a).

Medical Supply Depot, Brooklyn, N.Y.
Medical Supply Depot, Oakland, Calif.
Medical Supply Depot, Navy Supply Center, Pearl Harbor, T.H.
Medical Supply Depot, Naval Supply Center, Guam, M.I.
United States Naval Hospital, Newport, R.I.
United States Naval Hospital, Annapolis, Md.
Dispensary, Portsmouth Naval Shipyard, Portsmouth, N.H.
Dispensary, Boston Naval Shipyard, Boston, Mass.
Dispensary, New York Naval Shipyard, Brooklyn, N.Y.
Dispensary Philadelphia Naval Shipyard, Philadelphia, Pa.
Dispensary, Norfolk Naval Shipyard, Portsmouth, Va.

Dispensary, Charleston Naval Shipyard, Naval Base, S.C.
Dispensary, Puget Sound Naval Shipyard, Bremerton, Wash.
Dispensary, Pearl Harbor Naval Shipyard, Pearl Harbor, T.H.
Dispensary, Naval Air Station, Jacksonville, Fla.
Dispensary, Naval Air Station, Pensacola, Fla.
Dispensary, Naval Air Station, San Juan, P.R.
Dispensary, Naval Training Station, Great Lakes, Ill.
Dispensary, Naval Training Station, San Diego, Calif.
Dispensary, Submarine Base, Rodman, C.Z.
Dispensary, Naval Station, Guantanamo Bay, Cuba.
Dispensary, Washington, D.C.
Post Dispensary, Marine Barracks, Quantico, Va.

2. All ships and stations in the vicinity of the above named activities shall procure their vaccine by having a responsible representative apply for it in person. Advanced base activities shall be supplied from the nearest overseas medical supply depot or storehouse.

3. Reference (b) contains instructions for proper storage and shipment of yellow fever vaccine.
-- C A SWANSON

BuMed Circular Letter No. 47-148

To: All Ships and Stations

5 November 1947

Subj: Training and Education of Hospital Corpsmen

1. The Bureau of Medicine and Surgery has noted that the percentage of Hospital Corpsmen in the Regular Navy at the present time who have completed high-school education or who have one or more years of college credit is less than the relative percentage which obtained during the prewar era. This is undoubtedly the result of the pressing need for personnel during the war years and the patriotic response of many young men which caused them to leave school and join the armed forces of the United States.

2. It is desired to bring to the attention of all Hospital Corps personnel the opportunity afforded by the recent passage of Public Law 337 (Army-Navy Medical Services Corps Act of 1947). Under this law enlisted Hospital Corpsmen who qualify may continue their advancement within the service with possible appointment to permanent commissioned officer status and subsequent promotion to and including the rank of captain. Every Hospital Corpsman should commence to prepare himself to partake of these benefits and opportunities at his earliest convenience and should continue this preparation through a planned system of education and training. At no time in the history of the Corps has greater possibility of a successful career existed. Individual initiative and ability will be rewarded by promotion as the years progress.

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3. During the war the Navy Department recognized the need and the advantages of providing its personnel with a means of continuing education through the employment of extension courses. To this end numerous courses were offered by the United States Armed Forces Institute (USAFI) through the auspices of the Educational Services Section of the Bureau of Naval Personnel. This source of educational material is still available and should be utilized to the fullest extent possible. In addition, many of the various courses of training provided by the Navy, both technical and on-the-job-type training, have been recognized for accreditation by the educational departments of practically all states. In some instances, submission of an official statement of service, including the type training, name of course, etc., will suffice; in other instances it is necessary for the candidate who feels that he has acquired the equivalent of a high-school education to subject himself to examination by the so-called GED test battery for evaluation, receiving his high-school diploma if successful. Much of the prerequisite work both on the high-school and collegiate levels may be obtained through the employment of the USAFI extension courses cited above. In addition, the Bureau of Medicine and Surgery is now in a position to authorize postgraduate courses in various schools and universities for furthering the education of Hospital Corpsmen in practically any subject which will be of value in the performance of their duties, provided such courses do not interfere with the performance of duty.

4. It is requested that this letter be brought to the attention of every Hospital Corpsman under your cognizance in an endeavor to stimulate greater interest by all Hospital Corpsmen in improving their academic and technical educations. -- C A SWANSON

BuMed Circular Letter No. 47-150

7 November 1947

To: All Ships and Stations

Subj: Immunizations, Annual Report of.

Ref: (a) Par. 35D9 and 35D12, ManMedDept.

Encl: A. (HW) Form for subject report.

1. The provisions of reference (a) as they pertain to the reporting of immunization data in quarterly and annual sanitary reports are hereby modified. Such data hereafter shall not be included in these reports. Appropriate changes to the manual will be made in page change 3.

2. All Navy and Marine Corps activities having medical department personnel attached shall prepare a separate annual report of immunizations to be forwarded to the Bureau by 15 January of each year covering immunization data for the previous calendar year. The report shall be prepared in duplicate. The original shall be forwarded to the Bureau, and the copy shall be retained by the preparing activity.

3. The form of this report shall conform to that of enclosure A. In the column for "immunizations completed," entries shall be made only by the activity giving the booster or the final inoculation in the series when more than one is required for complete immunization. Uncompleted series are not to be included. Entries in the columns for "reactions" shall include all reactions even though the standard course of immunization was not completed.

4. Under "remarks" shall be included (1) descriptions and comments on any unusual or severe reactions, (2) recommendations with respect to immunization procedures, (3) number of cases and immunizing agent used in which immunization was not completed due to severity of reaction, and (4) other pertinent comments.

5. The first report shall cover the calendar year 1947. -- C A SWANSON

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ANNUAL REPORT OF IMMUNIZATIONS, 1947

Immunizing Agent	Immunizations completed	Reactions		
		Mild (Not admitted to sick list)	Admitted to sick list	
			Moderate (To duty within 48 hours of admission)	Severe (Other admissions to sick list)
1. Cholera vaccine 1a. Booster				
2. Cowpox virus (smallpox) 2a. Revaccination				
3. Diphtheria toxoid				
4. Measles immune globulin				
5. Plague vaccine 5a. Booster				
6. Rabies vaccine				
7. Rocky Mt. spotted fever vaccine 7a. Booster				
8. Tetanus toxoid 8a. Booster				
9. Typhoid-paratyphoid vaccine 9a. Booster				
10. Typhus vaccine 10a. Booster				
11. Yellow-fever vaccine 11a. Booster				
Other (specify)				

REMARKS: 1. On any deaths, especially severe or frequent reactions, recommendations, etc.
 2. Number of cases and immunizing agent used in which immunization was not completed due to severity of reaction.

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BuMed Circular Letter No. 47-151

7 November 1947

To: Comdts, NDs (Cont), NavHosps (Cont), SubBase, New London, Conn., NAS (Atlanta, Ga.; Dallas, Tex.; Glenview, Ill.; Grosse Isle, Mich.; Lambert Field, St. Louis, Mo.; Miami, Fla.; Olathe, Kans.; Patuxent River, Md.; Seattle, Wash.), NavSta (NewOrleans, La; Orange, Tex.; Tongue Point, Ore.), NavOrdPlant, Pocatello, Idaho.

Subj: Naval and National Cemeteries; List of.

Ref: (a) BuMed Cir Ltr No. 46-94.

Encl: A. (HW) List of Naval and National Cemeteries.

1. Enclosure A lists Naval and National Cemeteries available for burial of the remains of those who die while on the active or retired list of the Navy and Marine Corps, who have had honorable service therein. Reference is hereby superseded.

2. Except at Arlington National Cemetery, the National Cemeteries have limited facilities for receiving and caring for remains, the services usually being limited to the opening and closing of the grave. Naval honors may be provided only at those National Cemeteries in the immediate vicinity of a Naval activity. Relatives should be apprized of these limitations and informed that they must make all funeral arrangements with the Superintendent of the National Cemetery. -- C A SWANSON

ENCLOSURE A

NAVAL AND NATIONAL CEMETERIES

NOTE: Except where instructions to the contrary appear, remains shipped to a National Cemetery for burial should be consigned to the Superintendent.

ALABAMA

Mobile National Cemetery
Mobile, Alabama

ALASKA

Sitka National Cemetery
Sitka, Alaska

ARKANSAS

Fayetteville National Cemetery
Fayetteville, Arkansas

Little Rock National Cemetery
Little Rock, Arkansas

Fort Smith National Cemetery
Garland Ave. and So. 6th St.
Fort Smith, Arkansas

CALIFORNIA

Golden Gate National Cemetery
San Bruno, California
(Additional telegram to Commandant 12th ND, requesting naval honors).

CONNECTICUT

Navy Plot, Cedar Grove Cemetery,
New London, Conn.

DISTRICT OF COLUMBIA

Soldiers Home National Cemetery,
Washington, D.C.

FLORIDA

Navy Plot, City Cemetery
Key West, Florida

Barrancas National Cemetery
Fort Barrancas, Florida

GEORGIA

Andersonville National Cemetery,
Andersonville, Ga.

Marietta National Cemetery
Marietta, Georgia

ILLINOIS

Naval Cemetery
Great Lakes, Illinois

Rock Island National Cemetery,
Rock Island, Ill.

INDIANA

New Albany National Cemetery,
Jay Street & Elkin Ave.,
New Albany, Ind.

IOWA

Keokuk National Cemetery
18th and Carroll Streets
Keokuk, Iowa

KANSAS

Fort Leavenworth National Cemetery,
Fort Leavenworth, Kansas

Fort Scott National Cemetery,
Fort Scott, Kansas

KENTUCKY

Camp Nelson National Cemetery,
Starr Route,
Nicholasville, Kentucky

Lebanon National Cemetery
Lebanon, Kentucky

Mills Springs National Cemetery,
West Somerset, Ky.

Zachary Taylor National Cemetery,
R.F.D. #6, Box 24
Louisville, Kentucky

LOUISIANA

Alexandria National Cemetery,
Pineville, La.

Port Hudson National Cemetery,
R.F.D. #1
Zachary, Louisiana

MARYLAND

Naval Cemetery, Naval Academy,
Annapolis, Md. (Restr.)

Antietam National Cemetery
Sharpsburg, Maryland

Baltimore National Cemetery
5501 Frederick Avenue
Baltimore, Maryland

MASSACHUSETTS

Navy Plot, Woodlawn Cemetery,
Everett, Mass.

MINNESOTA

Fort Snelling National Cemetery,
Fort Snelling, Minn.

MISSISSIPPI

Corinth National Cemetery
Corinth, Mississippi

Natchez National Cemetery
Natchez, Mississippi

MISSOURI

Jefferson Barracks National Cemetery,
Jefferson Barracks, Missouri

Springfield National Cemetery,
Springfield, Missouri

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MONTANA

Custer Battlefield National Cemetery, Crow Agency, Mont.

NEBRASKA

Fort McPherson National Cemetery, Maxwell, Nebraska

NEW HAMPSHIRE

Naval Cemetery
Portsmouth, New Hampshire

NEW MEXICO

Santa Fe National Cemetery
Santa Fe, New Mexico

NEW YORK

Long Island National Cemetery, Farmingdale, N.Y.
(Consign remains to either U.S. NavHosp, Brooklyn, N.Y. or U.S. NavHosp, St. Albans, L.I., N.Y.)

Woodlawn National Cemetery
Davis Street
Elmira, New York

NORTH CAROLINA

New Bern National Cemetery
New Bern, North Carolina

Raleigh National Cemetery
East Davie & So. Pettigrew
Sts., Raleigh, N.C.

Salisbury National Cemetery
Salisbury, North Carolina

Wilmington National Cemetery
201 Market St.
Wilmington, North Carolina

OKLAHOMA

Fort Gibson National Cemetery, Fort Gibson, Okla.

RHODE ISLAND

Navy Plot, Island Cemetery, Newport, R.I.

SOUTH CAROLINA

Beaufort National Cemetery
Beaufort, South Carolina

Florence National Cemetery
Florence, South Carolina

TENNESSEE

Chattanooga National Cemetery, Chattanooga, Tenn.

Knoxville National Cemetery
Tyson Street
Knoxville, Tennessee

Fort Donelson National Cemetery, Dover, Tennessee

Memphis National Cemetery
3569 Jackson Avenue
Memphis, Tennessee

Shilch National Cemetery
Pittsburg Landing, Tenn.

Stones River National Cemetery, Murfreesboro, Tenn.

TEXAS

Fort Bliss National Cemetery
Fort Bliss, Texas

Fort Sam Houston National Cemetery, Fort Sam Houston, Texas

VIRGINIA

Navy Plot, Evergreen Memorial Park, Norfolk, Virginia

City Point National Cemetery
Hopewell, Virginia

Alexandria National Cemetery
Alexandria, Virginia

Arlington National Cemetery
Fort Myer, Virginia
(Consign remains to Officer in Charge, Arlington National Cemetery, Fort Myer, Virginia, See par. 3430, MMD).

Culpeper National Cemetery
Culpeper, Virginia

Danville National Cemetery
721 Lee Street
Danville, Virginia

Fort Harrison National Cemetery, Variana Road, Richmond, Virginia

Glendale National Cemetery
R.F.D. #5
Richmond, Virginia

Hampton National Cemetery
Hampton, Virginia

Richmond National Cemetery
Station B, Carrier
Richmond, Virginia

Winchester National Cemetery
401 National Avenue
Winchester, Virginia

WASHINGTON

Navy Plot, Ivy Green Cemetery
Bremerton, Washington

Navy Plot, Washelli Cemetery
King County, Washington

BuMed Circular Letter No. 47-152

7 November 1947

To: MedOfsCom, NavHosps

Subj: Reports, Cancellation of.

Ref: (a) NAVMED-HF-1, Admission or Discharge of Officer, Par. 519, ManMedDept.
(b) Pension Claims Outstanding, Report of, Par. 5141, ManMedDept.
(c) Conservation of Fuel, BuMed Cir Ltr No. 45-71.
(d) Red Cross Report, Camp and Hospital Monthly Station Strength Report, ARC Form 1287, Supplement 1.

1. References (a) through (d) are hereby cancelled.
2. Report forms on hand shall be disposed of locally.
3. Appropriate changes will be incorporated in the next page change of the Manual of the Medical Department. -- C A SWANSON

BuMed Circular Letter No. 47-154

12 November 1947

To: NavHosps (Cont)

Subj: Activity Civil Readjustment Report, cancellation of.

Ref: (a) BuMed Cir Ltr No. 45-244.

1. Reference (a) directed submission of a monthly report of civil readjustment processing to the Bureau of Medicine and Surgery. In order to further reduce administrative paper work it is directed that submission of this report be discontinued following submission of the report for December 1947.

2. Cancellation of this report should in no way be construed as meaning that this Bureau has a lessening interest in this vital phase of preparing and returning discharges to civilian life, or that Commanding Officers should not continue in every possible way to promote an active or effective program. Continuing emphasis will be directed to the component phases of the program during the course of the inspections by the District Medical Officer, and effective civil readjustment processing procedures will be expected in all phases of the program. -- C A SWANSON

BuMed Circular Letter No. 47-155

12 November 1947

To: All Ships and Stations

Subj: Physical Requirements for Transfer of Women Officers of the U. S. Naval Reserve and U. S. Marine Corps Reserve to the Regular Service.

Encl: A. (HW) Physical requirements for transfer of women officers of the U. S. Naval Reserve and U. S. Marine Corps Reserve to the Regular Service.

1. Legislation is pending to provide authorization for the transfer of women officers of the Reserve components of the armed forces to the Regular components.
2. In the event such legislation is effected, the physical requirements listed in enclosure A shall apply to women applicants for transfer from the U. S. Naval Reserve and U. S. Marine Corps Reserve to the Regular Service.
3. Inasmuch as applications are being requested from the field prior to the passage of necessary legislation, the requirements listed shall also apply to such interim applicants. -- H L PUGH

ENCLOSURE A

PHYSICAL REQUIREMENTS FOR TRANSFER OF WOMEN OFFICERS OF THE
U. S. NAVAL RESERVE AND U. S. MARINE CORPS
RESERVE TO THE REGULAR SERVICE

1. The Manual of the Medical Department does not provide physical standards for transfer of women officers from the Reserve components to the Regular Navy and Regular Marine Corps. Since the officers requesting transfer have had much previous service, they are required to meet the physical requirements for promotion rather than the requirements for original appointment, where age and rank warrant, except as noted below.
2. Standards for promotion allow the medical examiners a wide margin in determining whether or not women officers of the Naval and Marine Corps Reserves are physically qualified for transfer to the Regular service components. In view of this, the medical officers must carefully consider each applicant's (a) medical history, prior to her entry into the service, (b) medical history during active duty, (c) interim history since active duty, if released therefrom, and (d) present physical condition and ability to adjust to the service. The applicant's age, rank, ability to perform satisfactorily the duties of her rank, and probable ability to perform active duty to the statutory age or length of service for retirement will be evaluated by the medical examiners.
3. The examiners should carefully evaluate all defects in a given case before making a recommendation. Many of the causes for rejection for commission or enlistment in part 2 of the Manual of the Medical Department remain valid and would ordinarily disqualify for transfer. Moreover, some women Reserve officers have been able to perform their duties in a satisfactory manner with physical defects which will disqualify them for the Regular service because their defects are either progressive or recurrent in nature. Examples of such disqualifying physical conditions are: Peptic ulcer, arterial hypertension, asthma, psychoneurosis, rheumatic fever, migraine, fungus infection of the skin, menstrual disorders, cystic or tumorous involvement of the internal genitalia or of the breasts, etc. Pregnancy at any stage is also disqualifying.

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4. However, some officers will request transfer and present ample evidence that a minor defect does not interfere with satisfactory performance of duty. For example, an officer may be recommended for transfer with 8/20 vision in either eye, provided her visual acuity is corrected to 20/20 and provided she is free from organic disease and has been able to perform all assigned duties without difficulty. A woman officer may be recommended for transfer with absence acquired teeth, provided she has satisfactory replacements and can perform her duties. Minimum acceptable visual requirements for transfer will be 8/20 vision in either eye, fully correctable to 20/20.

5. Therefore it is suggested that the medical officers review the picture as a whole and consider the question of motivation in each case.

6. For transfer of women officers of the Reserve components of the naval service to the Regular components of the U. S. Navy, a report of physical examination on NAVMED-Y, in duplicate, is required. A recent chest X-ray examination (within 6 months) and a current blood Kahn is required for all women officers transferring to the Regular service, and it is essential that these reports be incorporated on the NAVMED-Y. These examinations will not be repeated during final physical examination just prior to the delivery of the commission to the Regular Navy unless it is deemed necessary by the medical examiner because of a recent illness, loss of weight, etc.

7. Particular attention should be focused upon the existence of any disqualifying defect peculiar to the female. Menstrual history shall be taken and recorded in each case. A bimanual pelvic examination (by rectal means, if appropriate) and visualization of the cervix and vaginal tract by speculum (unless rectal bimanual examination is appropriate) shall be obtained on all officers applying for transfer.

8. There must in every case be appended to the report of physical examination a certificate sworn to by the candidate as follows:

"I certify that I have informed the medical examiners of all bodily or mental ailments which I have suffered, and that, to the best of my knowledge and belief, I am at present free from any bodily or mental ailments (except.....).

"Name.....
 "Rank.....
 "Name.....
 "Rank.....

"Sworn to and subscribed before me this.....day of.....19.....

Upon the completion of the NAVMED-Y the following statement is required:

"We certify that the candidate is (is not) physically qualified for transfer to the U. S. Navy or Marine Corps as....."

9. The report of physical examination is to be forwarded with the application to the Chief of Naval Personnel (or Commandant, Marine Corps, if applicable). The form of report described in chapter 12 of Naval Courts and Boards is neither required nor desired. Such preliminary examination does not take the place of a later demonstration of physical fitness prior to acceptance of an appointment if the applicant is selected for transfer.

10. Physical examinations for transfer of women officers in the Naval and Marine Corps Reserves will be accomplished at an office of naval officer procurement, at a U. S. Naval hospital, or at any naval medical activity properly staffed and equipped for physical examination of females, whichever is most accessible to the applicant.

BuMed Circular Letter No. 47-156

12 November 1947

To: All Ships and Stations

Subj: Physical Standards for Enlistment of Women in the U. S. Navy and U. S. Marine Corps.

Encl: A. (HW) Physical Standards for enlistment of women in the U. S. Navy and U. S. Marine Corps.

1. Legislation is pending to provide authorization for the enlistment of women in the U. S. Navy and U. S. Marine Corps.
2. In the event such legislation is effected, the physical standards listed in enclosure A shall apply to women applicants for enlistment -- C A SWANSON

ENCLOSURE A

STANDARDS FOR ENLISTMENT OF WOMEN IN THE U. S. NAVY AND U. S. MARINE CORPS

1. The standards for enlistment as outlined in part 2, Manual of the Medical Department shall apply to the enlistment of women in the Regular service of the U. S. Navy or U. S. Marine Corps, where applicable.

2. A copy of the accompanying medical history sheet is to be filled out by each applicant and shall be reviewed by the medical examiners. The medical examiners shall investigate further the importance of any significant findings.

ANSWER ALL QUESTIONS BY YES OR NO. IF ANSWER TO ANY QUESTION IS YES, MAKE DETAILED STATEMENT ON BACK OF THIS SHEET.

Date.....

1. Have you ever been previously examined physically by a Navy medical officer for entrance into the U. S. naval service?
2. Were you passed by that examination?
3. Have you ever been under treatment at a hospital?
4. Have you had symptoms of motion sickness?
5. Do you have any difficulty in distinguishing all colors?
6. Have you ever had a sprain or dislocation of a joint?
7. Have you ever had a broken bone, a fractured skull, or been "knocked out"?
8. Have you ever had an injury to your back?
9. Have you ever had hay fever or asthma?
10. Have you ever had a surgical operation?
11. Have you ever lisped, stuttered, or stammered?
12. Have you ever had an operation for sinus disease or repeated attacks of the disease?
13. Have you ever been injured in athletics?
14. Have you ever worn glasses; had an eye disease; crossed eyes or double vision?
15. Have you ever had a venereal disease?
16. Have you ever been denied life insurance because of a physical defect?
17. Have you ever had fits or convulsions, or fainted?
18. Have you ever walked in your sleep?
19. Have you had any difficulty with your feet?
20. Have you wet the bed at any time since childhood?
21. Is there any history of insanity in your family or blood relatives?
22. Have you ever raised or spat up blood?

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23. Have you ever had, or been treated for, any female condition?
24. Have you ever been pregnant?
25. Do you, at the present time, have any physical disability, disease, or condition that might prevent you from fully participating in all activities of the naval service?
26. Do you consider that you are not sound or not well?

I certify that I understand the foregoing questions and my answers, that I have recorded all bodily or mental ailments which I have suffered, and that to the best of my knowledge and belief I am at present free from any bodily or mental ailments (except.....).

.....
(Signature of the candidate in full)

PREPARE IN DUPLICATE. FORWARD ORIGINAL TO BUMED, WASHINGTON, D. C.

3. The height and weight table in paragraph 2197.1, Manual of the Medical Department, will apply. A minimum height of 60 inches and the minimum weight of 100 pounds is required. Weight must be in proportion to general body build.

4. X-ray of the chest and a blood Kahn test shall be obtained on each applicant as a part of the enlistment examination, if possible. Otherwise such reports shall be forwarded to the Bureau of Medicine and Surgery immediately when the candidate reports at the first duty station, together with recommendation for discharge in the event the chest X-ray or Kahn examination show the applicant to be disqualified.

5. The menstrual history, to include age at onset, regularity, duration of flow, and length of cycle, abnormalities and presence of associated symptoms, date of onset of the last normal period, and all pregnancies and sequelae shall be recorded.

6. A bimanual pelvic examination (by rectal means, if appropriate) and visualization of the cervix and vaginal tract by speculum (unless rectal bimanual examination is appropriate) shall be obtained on all applicants for enlistment.

7. In addition to the causes for rejection common to both men and women as set forth in part 2, Manual of the Medical Department, the following conditions peculiar to women are disqualifying:

- (a) Pregnancy, or generalized enlargement of the uterus due to any cause.
- (b) Endocervicitis, more than mild.
- (c) Cervical polyps, cervical ulcer, or marked cervical erosion.
- (d) Bartholinitis.
- (e) Vaginitis, acute or chronic.
- (f) Salpingitis, acute or chronic.
- (g) Oophoritis, acute or chronic.
- (h) Ovarian cysts.
- (i) New growths of the genitalia except uterine fibroid, single, subserous, asymptomatic, less than 3 centimeters in diameter with no general enlargement of the uterus.
- (j) Congenital abnormalities or lacerations of the birth canal if symptomatic or which, in the opinion of the medical examiner, are of such a degree as to cause incapacity.
- (k) Tuberculosis of pelvic organs or breasts, or confirmed history thereof.
- (l) Dysmenorrhea, incapacitating to a degree which necessitates recurrent absence of more than a few hours from routine activities.
- (m) Irregularities of the menstrual cycle including menorrhagia if excessive; metrorrhagia; polymenorrhea; amenorrhea, except as noted below.
- (n) Menopausal syndrome, either physiologic or artificial, if manifested by more than mild constitutional or mental symptoms. Artificial menopause if less than 12 months has elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be recorded; if an operation was performed, the pathologic report will be obtained and recorded.
- (o) New growth of the breast; history of mastectomy.
- (p) Acute mastitis; chronic cystic mastitis if more than mild.
- (q) Endometriosis, or confirmed history of.
- (r) Malposition of uterus if more than mildly symptomatic.

8. Physical examinations will be conducted at the nearest office of naval officer procurement, at a U. S. naval hospital, or at any naval medical activity properly staffed and equipped for physical examination of females, whichever is most accessible to the applicant.

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BuMed Circular Letter No. 47-157

18 November 1947

To: MedOfCom, NavHosp

Subj: Establishment of positions as Ward Attendants (Group II) and Hospital Attendants (Group IVb) in the Dependents' Services of Naval Hospitals.

1. Correspondence reaching the Bureau has indicated that there is some confusion as to duties that can be assigned properly to graded and ungraded civilian positions in the Dependents' Services. In some instances, duties which properly belong in classified positions have been included in job descriptions for Ward Attendants in the unclassified service.

2. In general, the distinction between classified and unclassified positions in this category of work depends largely on the extent which the employee will be expected to participate in the care and treatment of patients. Such duties as feeding, bathing, dressing and undressing patients, taking and recording temperatures, pulse and respiration, assembling materials for and giving enemas, answering patients' calls, etc., should not be assigned to unclassified positions as Ward Attendants. These are all duties that belong in classified (Group IVb) positions in the Sub-professional Service, under the Hospital Attendant Series.

3. Duties considered appropriate for assignment to Ward Attendant positions in the unclassified service include such items as: serving, distributing and collecting trays; fixing the patients' flowers; cleaning and polishing; washing out and sponging linens; making and wrapping surgical supplies; washing windows; dusting and mopping, etc.

4. In order that the Bureau will have accurate data as to the number of civilian employees engaged in ward duties in the Dependents' Service, it is desired that all employees performing such duties be classified either as Hospital Attendants or Ward Attendants. Action should be taken at the earliest possible date to reclassify all civilian employees otherwise classified who are performing ward duties. -- H L PUGH

BuMed Circular Letter No. 47-158

20 November 1947

To: Special Distribution List

Subj: Program Allotments for Care of the Dead, Appropriation 1781102, Medical Department, Navy, 1948.

Ref: (a) Advance notice of change 5, Instruction Memorandum 5-3, Volume IV, BuSanda Manual dated 20 October 1947.

Encl: A. Allotment authorization decreasing program allotment for Care of the Dead (Deleted from this printing).

1. In view of the fact that all public vouchers liquidating obligations for transportation of remains, are paid by the U. S. Navy Central Disbursing Office (179), Washington, D. C., funds granted under subobject 03/01 transportation of remains are rescinded. Obligations for transportation of remains will be chargeable to an allotment maintained and administered by this Bureau.

2. OBLIGATIONS outstanding recorded in allotment control records and reported on NAVEXOS-2675 and 2676 shall be canceled. Addressees who have reported the estimated cost of transportation of remains as an appropriation expenditure shall cancel those expenditures.

3. It is requested that transportation requests and/or bills of lading issued for subject transportation be inscribed with the following appropriation accounting data:

Program Allotment No.:	10000
Objective Classification:	03/01
Expenditure Account:	79020
Appropriation:	1781102 Medical Department, Navy, 1948

4. For cost accounting records the estimated cost of transportation requests and/or bills of lading for subject transportation will be taken into the accounting records, i.e. NAVMED-569 (Register 3 under separate caption on the analysis of receipts by transfer by appropriation) or the form NAVMED-E, which ever is applicable, as a transfer voucher received.

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5. Ref (a) is referred to and quoted herewith in connection with the liquidation of obligations outstanding under the program allotment for the "Care of the Dead" insofar as concerns the issues of clothing and small stores for burial of the dead:

"42333 ISSUES FOR BURIAL OF THE DEAD

See Art. 1841(4), Navy Regulations, and par. 3442.1, Manual of the Medical Department, United States Navy. Any article of outer or under clothing, except shoes, for burial of the dead will be issued on request of the Commanding Officer or Medical Officer. Such issues will be cleared first through the Naval Stock Account on an itemized Receipt/Expenditure Invoice (SandA Form 127) from which account the value of the material will be issued as a charge against the station allotment, under the Clothing and Small Stores Account to the Naval Stock Account and the subsequent issue therefrom will be handled in the manner described in par. 42324-7."

It will be noted from the above quoted ref (a), that the appropriation 1781102 Medical Department, Navy, 1948 will be charged for issues of Clothing and Small Stores for the burial of the dead on the NavSandA Form 870 as an issue from the Naval Stock Account and therefore it is requested that expenditures reported on the NavExos 2675 and 2676 be obtained from the NavSandA Form 870 and not from NavSandA Form 127 receipt/expenditure invoice. -- H L PUGH

BuMed Circular Letter No. 47-160

21 November 1947

To: All Ships and Stations

Subj: Articles and Speeches on Professional and Scientific Subjects Prepared by Personnel of the Medical Department.

Ref: (a) Article 113, U. S. Navy Regulations.
(b) BuMed Cir Ltr No. 42-95.

1. Reference (b), which directed that two copies of subject material be transmitted to BuMed, is hereby canceled.

2. In the future, the provisions of reference (a) shall apply. -- C A SWANSON

BuMed Circular Letter No. 47-166

28 November 1947

To: All Shore

Subj: Medical Services Rendered Civil Employees.

Ref: (a) BuMed Cir Ltr No. 47-6.
(b) Sec. 9 (as amended by Act of June 26, 1926) U.S. Employees' Compensation Act of 7 Sep 1916.
(c) Sec. 2.1 - U.S. Employees' Compensation Commission Regulations governing the administration of the U.S. Employees' Compensation Act of Sep 7, 1916, as amended, Relating to Civil Employees of the United States, and as extended to Emergency Relief Employees and others.
(d) Public Law 658 - 79th Congress.
(e) BuMed Cir Ltr No. 45-163.

1. Reference (a) was canceled in the latest edition of the Bulletin of Bureau of Medicine and Surgery Circular Letters as having served its purpose. This circular letter is issued for the purpose of clarification and to supersede paragraph 13 of reference (a) which required additional data on NAVMED-E.

2. As indicated by reports received since promulgation of reference (a), it is obvious that the status of civilian employees coming within the purview of references (b) and (c) and those within the purview of reference (d) has been misinterpreted in many instances.

3. References (b), (c) and (d) are quoted in part for information and guidance:

(a) Reference (b), states in part "That for any injury sustained by an employee while in the performance of duty, whether or not disability has arisen, the United States shall furnish to the employee all services, appliances, and supplies prescribed or recommended by duly qualified physicians which, in the opinion of the commission, are likely to cure or to give relief or to reduce the degree or the period of disability or to aid in lessening the amount of the monthly compensation. Such services * * * *."

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- (b) Reference (c), states in part "All medical services, appliances, drugs, and supplies which in the opinion of the Commission are necessary for the treatment of an injury as provided by Section 9 of said Act (reference (b) shall be furnished to employees of the United States and to others by law entitled to medical and other benefits by or upon the order of the United States Medical Officers and hospitals, when available and practicable, for injuries sustained while in the performance of duty, whether resulting in loss of time or not, * * * *."
- (c) Reference (d), states in part "To provide for health program for Government employees - That, for the purpose of promoting and maintaining the physical and mental fitness of employees of the Federal Government, the heads of departments and agencies, including Government-owned and controlled corporations, are authorized within the limits of appropriations made available therefor, to establish by contract or otherwise, health service programs which will provide health services for employees under their respective jurisdictions: Provided, That such health service programs shall be established only after consultation with the Public Health Service and consideration of its recommendations, and only in localities where there are a sufficient number of Federal employees to warrant the provision of such services, and shall be limited to (1) treatments of on-the-job illness and dental conditions requiring emergency attention; (2) pre-employment and other examinations; (3) referral of employees to private physicians and dentists; and (4) preventive programs relating to health * * * *."

4. The appropriation "Medical Department, Navy" has been made available to carry out the provisions of reference (d). In order that this Bureau may provide adequate statistical data on Public Law 658 - 79th Congress, NAVMED-E, Statement of Receipts and Expenditures of Medical Department Property, is modified to include the following data:

MEDICAL SERVICES RENDERED CIVILIANS

Civil Employees.	Number of <u>Individuals</u>	Number of <u>Treatments</u>
Line 52a - Sec. 9, Comp. Act.		
Line 52b - Civil Employees - P. L. 658, 79th Congress		
Line 53 - Dependents		
Line 54 - Civilians, others humanitarian		
Line 55 - Total (Lines 52a, 52b, 53 and 54)	_____	_____

MEDICAL SERVICES RENDERED MILITARY PERSONNEL

Line 56a - Military Personnel, Active		
Line 56b - Military Personnel, Inactive & Retired		
Line 57 - Totals (Lines 55, 56a and 56b)	=====	=====

- Notes: (a) Line 52a - Report number of individuals and treatments or examinations for injuries sustained while in the performance of duty (reference (e)).
- (b) Line 52b - Report number of individuals and treatments or examinations for on-the-job diseases, pre-employment examinations, examinations for occupational diseases, etc. (Reference (d)), as distinguished from injuries sustained in performance of duty.
- (c) Reporting on all other lines above are self-explanatory.
- (d) Number of treatments reported to include both treatments and examinations.

5. The above data shall be submitted quarterly as an addenda to NAVMED-E, required by reference (e), only from shore stations having a civilian employee complement of 100 or more. For shore stations having a civilian employee complement of less than 100, the context of this letter is for information only. -- C A SWANSON

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BuMed Circular Letter No. 47-167

4 December 1947

To: MedOfCom, NavHosps

Subj: Armed Forces Radio Service in U.S. Naval Hospitals

Ref: (a) BuMed Cir Ltr No. 47-117.

1. By ref (a), this Bureau requested information necessary to determine the practicability of all naval hospitals participating in the Armed Forces Radio Service Program.
2. Replies to ref (a) indicate that most hospitals are not equipped with the radio equipment necessary to receive and rebroadcast to the bedside the standard radio broadcasts and/or the transcribed program material issued by the Armed Forces Radio Service. It is further observed that for the most part local recreation funds are reported to be insufficient to provide such equipment. In view of the foregoing, it is not considered practicable to include all naval hospitals under the Armed Forces Radio Service Program at this time.
3. In the several instances where the hospitals concerned have reported facilities available and have indicated a desire to receive Armed Forces Radio Program material, this Bureau has requested the Armed Forces Radio Service to add their names to the mailing list.
4. This letter shall not be construed to prevent the procurement and installation of radio equipment otherwise authorized if necessary funds can be obtained from the local or district command recreation fund. -- C A SWANSON

BuMed Circular Letter No. 47-168

10 December 1947

To: All Ships and Stations

Subj: Medical Training Films and other Medical Audio-Visual Aids, Production and Procurement of.

Ref: (a) CNO ltr OP-34N/kt, File: P11-1, Serial 859P34, 10 June 1947.

1. The Bureau of Medicine and Surgery is responsible for providing technical assistance and exercises technical control over matters relative to the production of medical audio-visual training aids for the Naval Service. Through the Bureau of Naval Personnel, the Bureau designates the distribution of all medical training films produced under the cognizance of the Navy Department.
2. In the past some activities have independently produced medical training films and other training aids, or procured them from various sources other than naval. It can be assumed this action was justified at the time, but the resulting duplication of effort and excessive cost precludes further use of these methods.
3. To prevent such duplication of effort and to insure the production of effective medical training aids at a minimum cost, the Interdepartmental Committee for Medical Training Aids was established by the appointment of representatives from the Navy, Army, Army Air Forces, Veterans Administration, and the U.S. Public Health Service. This Committee is vested with the authority to rule on the production of all medical training aids initiated by the five represented services based on general acceptability and usefulness relative to all medical and related training programs. However, it does not supersede or replace the Navy Film Production Board of Review and all medical training films to be produced by the Navy must be submitted to this Board for final approval for production.
4. It is directed that procurement and production methods indicated in paragraph two (2) above be discontinued and that all proposals or requests for production or procurement of medical audio-visual training aids be referred to this Bureau for approval and processing through established channels.
5. Prior approval to accomplish record photography is not required and this directive is not to be construed to include such photography, although it may be utilized in conjunction with medical training programs.
6. Reference (a) refers to the assignment of final responsibilities for training devices and sets forth the policies governing those responsibilities for training devices which are assigned for inclusion in the budget estimates for the fiscal year 1949. -- C A SWANSON

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BuMed Circular Letter No. 47-17C

11 December 1947

To: AlStaCon

Subj: Routine Roentgenographic Examinations of the Chest of Civilian Employees of the Naval Shore Establishment.

Ref: (a) Act approved Aug 8, 1946, Chapter 865, 60 Stat. 903 (5 U.S.C. 150).
(b) Par. 21103, ManMedDept.

1. In order to (1) discover individuals employed or seeking employment within the Naval Shore Establishment who have unsuspected tuberculosis or other disease evidence of which appears in the x-ray film of the chest, (2) permit the early treatment of such individuals, (3) protect the health of their naval and civilian fellow workers, (4) increase the efficiency of the Navy, and (5) contribute to the national effort in the control and eradication of tuberculosis, the program embodied in the following paragraphs is hereby established.

2. Routine Roentgenographic Examinations of the Chest.

(a) Whenever practicable, a roentgenographic examination of the chest shall be made as a part of the physical examination for employment within the Naval Shore Establishment. If it is impracticable to obtain the examination, or to have the examination interpreted, arrangement for such examination shall be made at the first opportunity.

(b) Roentgenographic examination of the chest of all persons employed within the Naval Shore Establishment, shall, if practicable, be made at least once a year. Personnel who have roentgenographic findings of possible future clinical significance shall receive the examination every six months, where possible, using 14 x 17 inch film. Annual examinations conducted at activities having access to stationary photofluoroscopic equipment shall be scheduled in approximately six equal groups during the months April to September in order to avoid undue drain on available film.

(c) Roentgenographic examination of the chest of all persons employed within the Naval Shore Establishment shall be made, when practicable, immediately prior to leaving employment, except when such examination has been made, and recorded as without defect, within the previous six months.

(d) The above directives do not cancel or modify current instructions requiring x-ray examinations of the chest of employees engaged in certain hazardous occupations.

3. Disposition of Personnel with Defects.

Individuals in whom the photofluorographic film discloses abnormal conditions shall be reexamined by means of a 14 x 17 inch film prior to final action in their cases. The Office of Industrial Relations will issue instructions as to the procedure in handling the disposition of active cases by leave or separation of the employee.

4. Equipment, Personnel, and Supplies.

(a) All Naval and Marine Corps activities with the necessary x-ray equipment shall be considered available for these examinations and, whenever practicable, the examinations shall be made by the photofluorographic technique for conservation of film. Activities which have no access to stationary photofluorographic equipment shall arrange with the Commandant of the appropriate Naval District for the temporary assignment of a mobile photofluorographic unit.

(b) Professional and technical personnel and supplies for making and interpreting the examinations shall be provided by the Bureau of Medicine and Surgery. Additional clerical assistance and transportation to and from the place of examination, when required, shall be provided by the station concerned. Activities ordering film for this program must comply with BuMed Cir Ltr No. 47-60. Stock piling or hoarding of film must be avoided.

(c) Contracts for securing the required examinations within the limitations contained in ref (a) shall be made only in special instances, and must be submitted to the Bureau of Medicine and Surgery for approval, in advance.

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5. Reports and Returns.

(a) A report of the examination shall be entered in the record maintained on the station for the individual.

(b) The procedures prescribed in subparagraph 21103.6 of ref (b) shall be followed, with the following modifications: (NOTE: The following should not be construed as canceling or modifying the provisions of ref (b) when Naval and Marine Corps personnel are considered.)

Par. 21103.6(a) (1) NAVMED-1161 (Photofluorographic Log) and NAVMED-1161(a) (Following Sheets). The examinations of civilian and service personnel shall be recorded in the same log and be included in the same serial numbering, except that in the case of a civilian the photofluorogram number shall, in every instance, be followed by the capital letter "C".

Par. 21103.6(b) Identification of Film. Place the capital letter "C" after the film number when a civilian is being examined.

Par. 21103.6(d) (1) A separate form NAVMED-618 shall be forwarded for civilian personnel. Enter upon the reverse side of the form the photofluorogram numbers of the individuals who were reexamined by 14 x 17 inch film, and place an asterisk before the appropriate photofluorogram number when the reexamination resulted in a disqualification for employment, or a recommendation for further clinical study. Individual reports of reexamination of civilians by 14 x 17 inch film shall not be forwarded with the film and reports.

Par. 21103.6(e) A report, NAVMED-618, for the civilian examinations, in addition to a NAVMED-618 for Naval and Marine Corps personnel examinations, shall be forwarded to the Bureau with each roll of film. In the case of the report for civilians (the procedure for service personnel remains unchanged) the photofluorogram numbers of the individuals who were reexamined by 14 x 17 inch film shall be entered upon the reverse side of the form and an asterisk shall be placed before the appropriate photofluorogram number when the reexamination resulted in a disqualification for employment or a recommendation for further clinical study.

6. Requests for Review or Forwarding of Film.

(a) When request is made of the Bureau of Medicine and Surgery for an interpretation of a photofluorogram or the forwarding of a photofluorogram, the request should contain the name in full of the individual concerned, the photofluorogram number, and the date and place of the examination.

(b) Requests for an interpretation of a 14 x 17 inch film, or for the forwarding of such film, should be addressed to the station where the examinations were made and not to the Bureau.
-- C A SWANSON -- APPROVED: W JOHN KENNEY, Acting SecNav.

BuMed Circular Letter No. 47-171

12 December 1947

To: All Ships and Stations

Subj: Venereal Disease Educational Posters, monthly distribution of.

1. The Navy Department Coordinating Committee for Control of Venereal Disease has prepared a series of venereal disease educational posters designed for display in recreation compartments, on bulletin boards, in barracks, etc. Posters will be issued on a monthly basis in the ratio of approximately 1-100 men for display over a period of approximately 4 weeks. Each poster is to be replaced upon receipt of a new issue and should be displayed, if possible, in the same place each month.
2. Posters will be forwarded to Commandants of Naval Districts (DNO) and River Commands (SMO) for redistribution to all activities within district boundaries. Copies will be forwarded to CincPacFlt and CincLant (FMO) for special distribution as desired. Training Aids Libraries will be furnished a stock of posters for distribution as required by local requests.
3. BuMed will make distribution directly to the Commanding Officers of ships and stations outside the continental United States except those under the Tenth, Fourteenth, Fifteenth, and Seventeenth Naval Districts. -- C A SWANSON

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BuMed Circular Letter No. 47-173

15 December 1947

To: MedOfsCom, All NavHosps; MedOfCom, Naval Medical School, NNMC, Bethesda, Md.; OinC, Naval School Hospital Administration, NNMC, Bethesda, Md.; OinC, U. S. Naval School of Aviation Medicine, NAS, Pensacola, Fla.

Subj: Medical Technical Training of Enlisted Hospital Corpsmen of the Naval Reserve on Active Duty as Stationkeepers.

Ref: (a) BuPers ltr Pers-400b-crk dtd 11 Sep 1947, (Same subj).

Encl: A. (HM) Copy of ref (a).

1. Reference (a) authorizes and outlines the requirements and procedures for the assignment of enlisted Hospital Corpsmen of the Naval Reserve, serving on full-time active duty as Stationkeepers under the jurisdiction of the Chief of Naval Air Reserve Training, to full-time courses of instruction in medical technical specialties at naval medical activities, subject to the recommendation of the Surgeon General and the approval of the Navy Department.

2. Pursuant to the above, medical officers-in-command of naval hospitals and officers-in-charge of medical technical schools and courses of instruction, are hereby authorized to accept applicants ordered to such instruction by competent authority. Students will be included in the courses of instruction currently being given Regular Navy Hospital Corpsmen.

3. Two weeks prior to completion of instruction addressees will forward to BuMed official notification listing personnel scheduled to graduate by names and ratings, in order that certificates of qualification and orders for reassignment to duty may be issued.

4. Upon graduation students will be returned to their former stations of duty unless specifically directed otherwise by proper authority.

5. Personnel assigned to naval hospitals for subject training shall be reported on lines 103 and 104, Section E, Monthly Ration Record, NAVMED-HF-36. If other enlisted personnel, in addition to the above, are included on these lines, an analysis shall be made under "Remarks" on the Monthly Ration Record, indicating separately the number of subsistence days applicable to the subject personnel. An analysis of the above lines will be required from those hospitals having enlisted personnel of the Hospital Corps attached to the hospital for special instructions by order of the Navy Department. When subject personnel are admitted to the sick list, they shall be reported on the applicable line in Section A of the Monthly Ration Record in accordance with existing instructions.

-- C A SWANSON

ENCLOSURE A

BUREAU OF NAVAL PERSONNEL

Pers-400b-crk

11 Sep 1947

From: Chief of Naval Personnel
To: Chief of Naval Air Reserve Training

Subj: Hospital Corps Technicians on active duty with Naval Reserve, Training of.

Ref: (a) CNAResTra ltr NM58-1/Pl6-1/MM RT-12:njf, ser 00386 dtd 9 Jan 1947, with endorsements.
(b) BuPers ltr Pers-21433-ckw, ser 16587, dtd 17 June 1947.
(c) CNAResTra ltr NM58-1/Pl6-1/RT-12:eab, ser 35754, dtd 9 July 1947, with endorsements.

1. Reference (a) requested that established allowances be modified to include enlisted Hospital Corps Technicians at activities under the cognizance of the Chief of Naval Air Reserve Training. It also requested that authority be granted to send Hospital Corpsmen on active duty as stationkeepers at activities of the Command to technical schools under control of BuMed, with the understanding that upon completion of courses of instruction they would be returned to original station for duty. It further requested that a quota to facilitate the above be assigned directly to that Command.

2. Reference (b) authorized the enlisted allowances for Naval Air Stations and Naval Air Reserve Training Units of the Naval Air Reserve Training Command and included an allowance for technicians as requested in reference (a).

3. Reference (c) requested that the Naval Reserve Training Command be assigned an initial annual quota of twenty (20) reserve Hospital Corpsmen in technical schools.

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4. The Chief of Naval Air Reserve Training is authorized to assign enlisted members of the Hospital Corps, serving as stationkeepers under his jurisdiction, to training in medical and technical specialties at regular Navy medical activities. This authorization is granted providing the services of such personnel can be spared without relief by the activity to which attached. All expenses of such training, including full active duty pay, travel and subsistence allowances are to be paid from Naval Reserve appropriations and are not to be made a charge against regular Navy appropriations, nor will the number authorized under such training be made a charge against regular Navy Enlisted Hospital Corps Personnel Allocation Plan training allowances. Further, only Hospital Corpsmen who meet the following qualifications will be recommended for such training:

(a) Those who have had general service Hospital Corps training equivalent to that of a Class "A" Hospital Corps School and are mentally capable of absorbing the training requested.

(b) Those who have served a minimum of six months on active duty in the Hospital Corps as a stationkeeper.

(c) Those who give reasonable assurance to the Commanding Officer that they will continue on active duty for at least one year following completion of instruction subject to the demands and exigencies of the service.

5. An initial annual quota for the training of Reserve Hospital Corpsmen in technical schools is hereby established as indicated below:

Aviation Medical Technician.....	8
Laboratory Technician.....	4
X-Ray Technician.....	4
Dental Technician.....	4

6. The Chief of Naval Air Reserve Training is directed to forward individual requests for courses of instruction with appropriate endorsements to BuPers via BuMed for approval and designation of training activity. -- W LENT

BuMed Circular Letter No. 48-1

2 January 1948

To: All Ships and Stations

Subj: Procurement of Medical and Dental Books; Policy Regarding.

Ref: (a) BuMed C.L. 47-114

1. Reference (a) is hereby cancelled and superseded by this letter.

2. Effective beginning with fiscal year 1949, each medical and dental activity shall submit requirements for standard professional books listed in the Army-Navy Catalog of Medical Materiel direct to the Materiel Division, Bureau of Medicine and Surgery, 84 Sands Street, Brooklyn 1, New York, by requisitions, NavMed 4, during August and February of each fiscal year to reach Materiel Division by 1 September and 1 March. Total Navy semi-annual requirements for standard medical and dental books will be determined after all requisitions from the field have been received and procurement then initiated. Delivery to the requisitioning activities will be accomplished as soon as the books become available from the publisher. Issue will be accomplished through U.S. Naval Medical Supply, Brooklyn, New York.

3. Estimate of funds required for procurement of non-standard professional medical and dental books (not listed in the Army-Navy Catalog of Medical Materiel) shall be included in annual estimate of expenditures by activities preparing same. Upon approval by the bureau in the annual estimates, procurement shall be by the requisitioning activity under authority of the annual purchase requisition, subobject 0998. Ships and overseas activities shall procure non-standard medical and dental books under authority of their annual purchase requisition. Non-standard medical and dental books shall not be requisitioned from naval medical supply depots or Materiel Division, Bureau of Medicine and Surgery.-- C. A. SWANSON

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BuMed Circular Letter No. 48-4

5 January 1948

To: Commandants, All Continental Naval Districts and River Naval Commands, and Chief of Naval Air Training.

Attn: District and Staff Dental Officers.

Subj: Refresher and Short Postgraduate Courses for Dental Officers.

1. It is desired to provide, within the funds available, refresher and short postgraduate courses in civilian dental colleges for as many dental officers as possible. It is therefore requested that District Dental Officers and the Staff Dental Officer of the Potomac River Naval Command keep BuMed informed of all refresher and short postgraduate courses which may be appropriate and available for dental officers of the regular Navy in dental colleges in the continental naval districts and in the area of the Potomac River Naval Command. It will be necessary for them to maintain contact with the dental colleges in order to obtain such information.

2. The following are the specific data desired by BuMed:

- a. Subject of course.
- b. Name of college or university.
- c. Whether course is conducted full time or part time.
State days and hours of instruction periods.
- d. Date when course will commence.
- e. Date when course will end.
- f. Whether certificate of accomplishment or other evidence of completion of course will be given.
- g. Number of dental officers who will be accepted by the college or university for each course.
- h. Itemized cost of course, including tuition, books, instruments, supplies, gowns, rental of equipment and other fees.
- i. Total cost of course.

3. After BuMed has received the desired data, commandants of all continental naval districts and river naval commands and the Chief of Naval Air Training will be advised of the courses which BuMed has made available for dental officers over whom they have jurisdiction. It is desired that District and Staff Dental Officers then disseminate the information to all dental officers of the regular Navy in their districts or commands, ascertain which officers desire courses, determine eligibility, and advise on submitting requests to BuMed in conformance with paragraph 1328, Manual of the Medical Department. Dental officers of the regular Navy only are eligible for these courses.

4. In recommending on assignments to courses, District and Staff Dental Officers should consider the number of courses previously received at the expense of the Navy. Officers who have had no courses should be given preference. There is no limitation on the number of refresher or short courses which a dental officer may be given, but, distribution should be equitable.

5. Dental officers will be given official authorization to attend courses so that leave of absence for this purpose will not be necessary. Travel and per diem expenses will not be authorized. Tuition and other fees will be paid from training funds of the Medical Department of the Navy.

6. Requests for courses of instruction should reach BuMed at least eight weeks before the dates on which the courses will commence.

7. Civilian dental colleges should be advised that a Navy Purchasing Office, usually the one nearest the college, will make contracts for payments of tuition and other fees for courses authorized by BuMed for dental officers. The contracts will call for payment upon completion of the courses. -- C. A. SWANSON

RESTRICTED

BuMed Circular Letter No. 48-5

6 January 1948

To: DMO's, MedOffsCom, NavHosps, SMO's Dispensaries

Subj: Shortage of Medical Personnel.

1. During the post-war conversion to a stabilized Navy there will continue to exist an acute shortage of medical personnel, medical officers, nurses and hospital corpsmen. It is anticipated that many of the several hundred V-12 medical officers, who began their obligated service in 1946, will return to civil status by 30 June 1948. The computed strength of medical officers 1 January 1948 will be 2950 or over. In brief, the personnel picture is this:

We have definite need for 3000 officers so the loss of the V-12s later in the year will be felt keenly.

The Medical Services Corps is firming up, but serious vacancies will exist during the year.

The Nurse Corps situation is approximately one-third below authorized strength.

The outlook of the hospital corpsmen situation is beclouded by low percentages of reenlistments. It is hoped that efforts toward stepping up recruitment will meet the minimum demands by next spring.

2. The high standard of professional management and care so long rendered our sick and wounded will be lowered unless Commanding and Senior Medical Officers take immediate steps to meet the situation. The Bureau is cognizant of and most sympathetic to the problems that will arise. The Bureau believes, however, that curtailment in unnecessary or perfunctory examinations, laboratory, X-ray, and inter-departmental consultations, may be a fertile field for the closest supervision. Junior medical officers, residents and interns, under proper supervision, will have to assume greater ward responsibilities. Navy medical standards are well-known and must not be lowered at the expense of the patient. The patient's immediate care and early recovery must continue to be our primary object.

3. Nurses will have to assume more individual bedside responsibilities. To this end it is directed that Chief Nurses review nurses' assignments to duty so that all junior nurses below the rank of Lieutenant Commander may perform less administrative work in favor of bedside duties.

4. Economy in the assignment of all medical personnel must be employed with firm austerity. Medical and surgical wards may have to be combined so that the seriously ill, the bed patient, medical or surgical, may be in closer proximity to medical and nursing facilities.

5. A recent survey conducted in a naval hospital reveals that there was an average of eighteen (18) laboratory tests performed on each patient.

6. While this Bureau is extremely reluctant to interpose an expression of opinion that might stifle initiative and be interpreted as voicing dissension against the very best and most modern medical practices, it is considered that many unnecessary laboratory procedures are performed. Many of these tests are not necessary; furthermore, too frequently the reports receive little attention by the medical officer requesting them.

7. This Bureau is well aware of the acute shortage of technicians in naval hospitals and regrets that this condition is likely to exist for a considerable time; in fact, may actually get worse.

8. It is believed that a great deal may be accomplished to alleviate the workload upon the laboratories of the various hospitals if the bulk of laboratory work is reduced; and it is believed that this work may be drastically reduced without prejudice to the patient. It is suggested that interns and residents be required to turn to in the laboratories, this to enhance the doctor's knowledge and to engender a keener sense of sympathy for laboratory technicians and a pronounced diminution of the number of requests made upon the laboratories.

-- C. A. SWANSON

BuMed Circular Letter No. 48-6

19 January 1948

To: Comdts, NDs, Continental U.S.; Comds, NavTraCens; ComdgGens, MarCorpsBaks; CO, NavTraSta, NavBase, Newport, R. I; NavAcad, Annapolis, Md.

Subj: Tuberculin Testing of Recruits - Availability of Material for.

Ref: (a) BuMed C.L. No. 47-91

1. The new "Single Strength" tuberculin test has been developed and is available for issue from the Naval Medical Supply Depot, Brooklyn, and Naval Medical Supply Depot, Oakland, only to those training activities addressed, who are authorized to administer the tests to recruits.

2. The catalog description of the tuberculin tests will be changed to read:

1-613-975 Tuberculin Tests, Single Test Strength, 50s: Package contains 0.005 mg. purified protein derivative and 5 cc. buffered diluent; when diluted each 0.1 cc. contains 0.0001 mg. purified protein derivative. (Navy -- To be used only in special surveys where the usual "First" and "Second" test strength procedure is not required.)
Unit: Pkg.

1-613-980 Tuberculin Tests, Single Test Strength, 250s: Package contains 0.025 mg. purified protein derivative and 25 cc. buffered diluent; when diluted each 0.1 cc. contains 0.0001 mg. purified protein derivative. (Navy -- To be used only in special surveys where the usual "First" and "Second" test strength procedure is not required.)
Unit: Pkg.

3. Each training activity addressed ordering the above items shall certify on the face of NavMed 4 that requisitioning activity has been authorized to administer "Single Strength" Tuberculin Tests. It is recommended that, wherever possible, the 250 test package be used.

4. Attention is invited to possible misinterpretation of restrictions on the use of syringes as prescribed in reference (a). It is intended that the syringes used for these tests shall have been used for no other purpose. They may be re-used, with proper precautions as to cleanliness and sterility, for these tests or other purposes. Once used for any other purpose, however, they shall not again be used for these tests.

5. All persons administering tuberculin tests are cautioned that the "Single Strength" test prescribed for this program should not be used for any other tuberculin tests. ("Single Strength" tuberculin tests are five times as potent as the usual "First Strength" tuberculin test, and one-fiftieth as potent as the "Second Strength" tuberculin test.)

6. Orders for the tuberculin test packages, syringes and needles required for this program should be carefully planned because all are difficult to procure at this time and over-stocking in any one activity may hamper the program at all others. Items should be ordered and re-ordered only in quantities sufficient to equal the planned usage rate for the next six months. If, for any reason, it becomes apparent that an excess of any of the tests, syringes or needles has developed, the excess should be promptly returned to the nearest Medical Supply Depot.

-- C. A. SWANSON

BuMed Circular Letter No. 48-8. Subj: Advance Change 3-3; ManMedDept -- Individual copies sent to all holders of the Manual. This advance change will be incorporated in printed page change 3 at a later date.

BuMed Circular Letter No. 48-9

23 January 1948

To: Medical Officers in Command, All Naval Hospitals, Senior Medical Officers of Activities having Nurse Corps Officers, and Senior Nurse Corps Officers.

Subj: Nursing Service in the Navy.

1. During the First Session of the Eightieth Congress, there was advocated legislation that would grant permanent commissioned status to members of the Nurse Corps of the Army and the Navy. This bill was enacted into law (Public Law 36 - 80th Congress) in accordance with a stated intent by its proponents that this due recognition of the Nursing profession in the Services would result in a greater majority of nurses devoting their efforts to the actual bedside care of the patient.

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2. The Bureau appreciates that an unprecedented shortage of nurses has markedly retarded efforts to bring about this very desirable improvement in the employment of Nurse Corps Officers. However, as procurement programs become more effective and an increased number of nurses are available to our medical facilities, it is expected that Nurse Corps Officers below the grade of Lieutenant Commander will be accorded greater opportunity to expend their training and professional skill in actual bedside duties.

3. The primary function of the nurse should be considered in this light and with a full awareness of the nurse's motivation by the highest tenets of her profession, Commanding and Senior Medical Officers and Chief Nurses are enjoined to implement this plan of employment of nurses in as full a measure as may be possible under existing circumstances. -- C. A. SWANSON

BuMed Circular Letter No. 48-10

23 January 1948

To: Ships and Stations (Selected List).

Subj: Radiological Safety Regulations.

Refs: (a) CNO ltr Op-602/cmf Ser 021P602 dtd 27 Aug 1946.
(b) BuShips-BuMed conf spdltr Ser 1381 of 24 Sep 1946.
(c) BuShips-BuMed conf disp 141550Z of Oct 1946.
(d) BuShips-BuMed conf spdltr All/Crossroads/S99-2 of 6 Nov 1946.
(e) BuShips-BuMed conf ltr BuShips Code 180A All/Crossroads/C-S(99)-(0) of 22 Nov 1946.
(f) BuMed ltr En10/RadSafe P2-4 conf of 31 Jan 1947.
(g) BuMed conf disp 072046Z of Mar 1947.
(h) BuMed conf ltr BuMed-7 RadSafe/P2-5 of 21 Apr 1947.
(i) BuMed ltr BuMed-74-B-ceg 121 Ser 5018 of 20 May 1947.
(j) BuMed ltr conf BuMed-74-KI-ceg 19-7/RadSafe Ser C5017 of 20 May 1947.
(k) BuMed conf ltr BuMed-74-S-mlm 19-7(4)/A9 Ser 05029 of 15 Sep 1947.

Encl: (A) Radiological Safety Regulations. (Omitted from this printing)

1. References (b) to (k) inclusive are not available to, or needed by all addresses.

2. By reference (a) the Bureau of Medicine and Surgery is charged with the responsibility for formulating radiological safety regulations and for establishing tolerances applicable to the radiological safety program of the Navy. Enclosure (A) has been prepared on the basis of experience gained in the field of radiological safety operations connected with work which has been done over the past several years, as a result of Operation CROSSROADS, and from other experience. The regulations established in enclosure (A) are effective from this date. Those portions of references (b) through (k) and other instructions in conflict with these regulations are hereby cancelled.--C. A. SWANSON. Approved by: A. W. Radford, Vice Chief of Naval Operations.

BuMed Circular Letter No. 48-14

30 January 1948

To: All Ships and Stations

Subj: Physical Requirements for High-School-Graduate Training Program

Ref: (a) Recruiting Service Order 32-47, enclosures (A) and (B).
(b) Alnav 242-47; N. D. Bul. of 15 Nov. 1947, 47-1056.

1. The enclosures to reference (a) established physical requirements for high school graduates enlisting to attend certain service schools.
2. The physical requirements for the service schools affected are recapitulated herewith for the information of Medical Department personnel.
3. Requirements:
 - (a) The physical requirements for enlistment for general service as modified by reference (a) apply in the case of recruit applicants for the following service schools.

Cooks and Bakers, Electrician's Mates, Machinist's Mates, Machinist's Mates (Shop), Motor Machinist's Mates, Metalsmiths, Yeomen, Storekeepers, Radiomen, Sonar Operators, Optical Primary, Fire Controlmen, Radarmen, Patternmakers, Aviation Fundamental.
 - (b) The physical requirements for enlistment for general service as modified by reference (b), except that normal color perception is required, apply in the case of recruit applicants for the following service schools:

Electronic Materiel (ETM), Aviation Electronic Materiel (AETM), Hospital Corps School (HA) (CRUTT-ORD 33-47).
 - (c) The physical requirements for enlistment for general service modified by reference (b), except that normal color perception and in addition a clean mouth free from diseases are required, apply in the case of recruit applicants for the following service school:

Basic Submarine.
4. The foregoing requirements are effective pending promulgation of page changes to the Manual of the Medical Department at a later date.
5. This letter is for information purposes, and it is not to be construed as modifying the provisions of reference (a) or of its enclosures.--H. L. PUGH

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48-19

BuMed Circular Letter No. 48-19

16 February 1948

To: MedOfsCom Naval Hospitals (Continental)

Subj: Naval Hospital Instruction of Class "A" Hospital Corps School Graduates.

Encl: 1. (HW) Copy of Instruction Schedule.

1. A temporary acceleration of courses of instruction has been authorized at Hospital Corps schools to promote earlier availability of Hospital Corps personnel for duty at naval hospitals during the present personnel shortage.

2. In order to insure that all Hospital Corps school graduates are adequately trained in the elementary duties of the Hospital Corps, it is directed that they be assigned to a course of instruction in practical nursing at naval hospitals as outlined in Enclosure 1. Graduates are to be assigned to this course during the first two months following the original date of reporting from Hospital Corps schools.--C. A. SWANSON

Enclosure (1)
HOSPITAL CORPS INSTRUCTION
at Naval Hospitals

NURSING

Outline of thirty (30) hour course (15 2-hour periods) for all Hospital Corpsmen received from accelerated Hospital Corps schools courses.

- | | |
|--|-------------------------------------|
| (A) WARD MANAGEMENT AND ROUTINE | (G) DIETETICS |
| Cleaning | |
| Care of linen | (H) USE AND CARE OF EQUIPMENT |
| Sick call | (Demonstration and practice) |
| Charts and Reports | Sterilizers Urinals - Bed pans |
| General duties | Rubber Goods Syringes, etc. |
| (B) ADMISSION OF PATIENTS | (I) SURGICAL NURSING |
| Routine Procedures | Symptoms and observations |
| Bed Roster | Post operative care |
| Bed tags | Transfusions |
| Clinical Charts | Blood Plasma |
| Records and Notes | Serum Albumin |
| Moving and lifting patients | Surgical Dressing Carriage |
| Removing of clothing | Surgical dressings |
| Patient's belongings | Eye, Ear, Nose and Throat |
| Diet sheets | conditions |
| (C) BED MAKING | (J) SPECIMENS |
| (Demonstration and practice) | Urine |
| Making closed bed | Feces |
| Making bed with patient in it | Sputum |
| Ether bed | Vomitus |
| Fracture bed | |
| (D) BATHING THE PATIENT | (K) DELIRIOUS PATIENTS |
| (Demonstration and practice) | Restraints |
| Bed bath | Straight and twisted sheets |
| Alcohol Sponge Bath | Shackles |
| | Straight jacket |
| | Side boards |
| (E) TEMPERATURE -PULSE -RESPIRATION | (L) DIABETICS |
| (Demonstration and practice) | Diets |
| | Insulin dosage |
| (F) ADMINISTRATION OF MEDICINE | Insulin shock |
| (Demonstration and practice) | Diabetic coma |
| Oral Proctoclysis | |
| Rectal Enteroclysis | (M) A.M. & P.M. CARE |
| Inhalation Enemas | A.M. and P.M. toilet |
| Inunction Catheterization | Care of mouth, skin, hair |
| Subcutaneous Bladder Irrigation | Bedsore - causes, prevention, |
| Intramuscular | and treatment |
| Intravenous | |

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Enclosure (1)

con't

- (N) CARE OF DYING AND DEAD
(O) REVIEW
(P) EXAMINATION

BuMed Circular Letter No. 48-20

17 February 1948

To: All Ships and Stations.

Subj: Mineral Oil in Dental Sterilizers.

1. The substitution of mineral oil as the sterilizing liquid in dental sterilizers which are manufactured for use with water creates a potential fire hazard and shall be discontinued.
2. It is not the intent to restrict or discourage the use of hot oil as a sterilizing agent, provided it is used in a sterilizer manufactured for that purpose. Hot oil sterilization of dental instruments, especially dental handpieces, has proved satisfactory at a number of naval activities, including the U. S. Naval Dental School, National Naval Medical Center, Bethesda, Maryland.
3. Hot oil sterilizers are non-standard items. Activities requiring them should procure them in accordance with BuMed Circular Letter No. 47-33 dated 17 March 1947.--H. L. PUGH

BuMed Circular Letter No. 48-21

17 February 1948

To: All Ships and Stations

Subj: BuMed Circular Letters Relating to Nurse Corps Officers, Cancellation of.

1. The following BuMed Circular Letters which have served their purpose or have been superseded by later directives are hereby canceled:

BuMed C/L No.	Date	N.D. Bul. Item No.
46-36	6 Feb 1946	46-365
46-51	11 Mar 1946	46-574
46-67	15 Apr 1946	46-893

--H. L. PUGH

BuMed Circular Letter No. 48-22

17 February 1948

To: Commandants, Eleventh, Twelfth, and Thirteenth Naval Districts.

Subj: District Dental Officer Inspection Reports, Forwarding of Via Western Sea Frontier.

Ref: (a) BuMed Circular Letter No. 47-84.

1. Reference (a) is hereby cancelled.-- H. L. PUGH

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48-23

BuMed Circular Letter No., 48-23

26 February 1948

To: Special Distribution List

Subj: Naval Medical Supply Depot, Pearl Harbor, T. H.; Mission of.

Ref: (a) CNO ltr Op-4OU-1er NT4-30/A3-1 Serial 58P40 to BuMed, dated 21 Jan 1948.

1. In accordance with the authority contained in reference (a), the mission of the Naval Medical Supply Depot, Pearl Harbor, T. H., is as follows:

- (a) To procure, store, prepare for shipment, and deliver to transshipment agencies standard medical supplies and equipment for all U. S. Naval and Marine Corps activities and forces of the 14th Naval District, including Midway, Johnston, and Palmyra Islands.
- (b) To procure, store, prepare for shipment, and deliver to transshipment agencies standard medical supplies and equipment for all Naval and Marine Corps forces in the Marshall Island sub-area, including Kwajalein, assigned craft, and naval air and defense forces.
- (c) To procure, store, prepare for shipment, and deliver to transshipment agencies standard medical supplies and equipment for all naval controlled personnel at American Samoa.
- (d) To maintain on hand, in accordance with CNO approval, such reserves of standard medical materials in stock as may be directed by the Bureau of Medicine and Surgery.
- (e) To provide facilities for, and accomplish the salvage and repair of medical supplies and equipment.
- (f) To identify and dispose of navy surplus materials under the control of the Naval Medical Supply Depot.
- (g) To perform such stores and cost accounting functions as may be designated by the Bureau of Medicine and Surgery.
- (h) To perform such additional accounting, incident to proper function of the depot, as may be designated by COM14.--H.L. PUGH

BuMed Circular Letter No. 48-25

8 March 1948

To: All Medical Supply Depots

Subj: Authorization for Periodic Retirement of Records Maintained by Medical Supply Activities.

Ref: (a) Par. 12B11, Manual of the Medical Department

Encl: A. (HW) Medical Supply Depot Records Schedule. (Omitted from this printing)

1. Congressional authorization (House Report No. 1378, 80th Congress, 2nd Session, dated 17 Feb 1948) has been obtained for the continuing disposal of items in the enclosed records schedule, when they have reached the ages specified.
2. Records described in items marked "To be retained", and records which have not reached their disposal age, shall be transferred to the Naval Records Management Center, Garden City, Long Island, New York, when they become inactive or upon disestablishment of an activity.
3. District Records Management Officers located at District Staff Headquarters are available for assistance in records administration problems.
4. This records schedule will be included in the next Manual page change as paragraph 12B11.5A of reference.--C. A. SWANSON

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9 March 1948

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To: All Ships

Subj: Instructions Regarding Financial Responsibility and Accountability of Dental Property Afloat.

- (a) Pars. 3072, 3086, 3100, and 3101, ch. 20, Finance and Property, Manual of the Medical Department, as modified by BuMed Circ. Ltr. 46-79.
- (b) Alnav 343-46; AS&SL Jan.-June 1946, 46-1357, p. 229.
- (c) SecNav ltr. Op21D-jc, serial 3369P24, A18/P5-1, of 27 June 1946; AS&SL Jan.-June 1946, 46-1330, p. 154.
- (d) BuMed Circ. Ltr. 47-68.
- (e) BuMed Circ. Ltr. 47-33.
- (f) BuMed Circ. Ltr. 47-109.
- (g) CNO ltr. Op21D-jc, serial 2988P21, of 31 July 1947.
- (h) Par. 3033, Manual of the Medical Department.

1. The instructions contained herein are for the purpose of clarifying and implementing references (b), (c), and (g) in regard to financial responsibility for procurement and accountability of dental property afloat and to assist BuMed in determining the total cost of dental care in the Navy.

2. Reference (d) established a Medical Department allotment for the various types of ships and directed that 20 per cent of this allotment be set aside for procurement of dental supplies and equipment where one or more dental officers are attached. This amount was set aside to provide for the procurement of all non-medical-supply-depot material and services, except those furnished by other departments of the ship, required for use by dental officers afloat.

3. A Dental Journal of Receipts and Expenditures, a Dental Equipment Ledger, and a Dental Supplies Ledger, each with substantiating vouchers, shall be maintained in accordance with reference (a). These 3 records are the only property records required to be maintained by dental officers afloat and they shall not be duplicated by the medical department of the ship. A format of the Journal of Receipts and Expenditures, which is considered self-explanatory, is outlined on pages 793-795, Handbook of the Hospital Corps, United States Navy. This outline shall be modified by the addition of a column headed "Inventory adjustments" to each section of the Journal of Receipts and Expenditures, as required by BuMed Circular Letter 46-79. The dental officer shall record in the Dental Journal of Receipts and Expenditures, and in the Dental Equipment or Supplies Ledger when appropriate, the value of material and services in the following categories:

- (a) Medical-supply-depot items received on dental requisitions.
- (b) Dental material or services procured under that portion of the Medical Department allotment set aside for use by the dental officers.
- (c) Material for use by dental officers received by transfer from other activities.
- (d) Inventory adjustments.
 - (1) A physical inventory of supplies on hand and unexpended shall be made quarterly and the supplies ledger reconciled with the inventory. Any adjustments that may be necessary shall be brought to the attention of the dental officer and his signature affixed on a memorandum voucher to support the adjustment entry.
 - (2) Inventory-adjustment vouchers shall be prepared reflecting gains of price value of supplies or equipment, and shall be posted to the Dental Journal of Receipts and Expenditures and applicable Supplies or Equipment Ledger as a receipt by price adjustment.
 - (3) Inventory-adjustment vouchers shall be prepared reflecting losses of price value of supplies or equipment, and shall be posted to the Dental Journal of Receipts and Expenditures and applicable Supplies or Equipment as a loss by price adjustment.

4. Procurement of Material from Medical Supply Depots.--Dental supplies and equipment in the Army-Navy Catalog of Medical Materiel will be requisitioned from the medical supply depots on NavMed-4 in accordance with current directives. Dental supplies and equipment are considered to include all supplies and equipment required for dental use regardless of the class of the item as designated in the Army-Navy Catalog of Medical Materiel. NavMed-4 requisitions for dental supplies and equipment shall be prepared in accordance with reference (e), signed by the dental officer, numbered in accordance with reference (f), and submitted to the commanding officer for approval and forwarding.

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5. Procurement of Material by Open Purchase.--One annual sundry-purchase requisition under appropriation Medical Department, Navy, prepared and submitted in accordance with instructions contained in reference (h) will be sufficient to provide authority for purchase of medical and dental material on the local market with allotted funds provided by reference (d). Dental officers should submit requests for open purchase of dental supplies and equipment to the commanding officer for approval and for processing by the supply officer.

6. For all categories of dental transactions covered by subparagraphs (a), (c), and (d) of paragraph 3 above, the vouchers shall be receipted or certified by the dental officer and entered in detail in the appropriate dental-property ledger. The dental officer shall forward to the medical officer at the close of each quarter all such vouchers as are required to prepare the allotment report, and the vouchers will then be returned to the dental officer for his files.

7. Disposition of Material

(a) Equipment

- (1) When equipment is to be disposed of by survey, the dental officer shall prepare a request for property survey (NavSandA 154), numbered in sequence with the medical-department surveys, and submit it in quadruplicate to the Bureau of Medicine and Surgery (Materiel Division) via the commanding officer. (See arts. 1906-18, NR, and par. 3074-3077, ManMedDept.) When a property survey has been approved by BuMed, the surveyed value of items shall be entered as an expenditure, as indicated on the approved survey, in Dental Journal of Receipts and Expenditures and expended from the Dental Equipment Ledger. When a report of property survey is returned approved, all items having an appraised value shall be retained at the appraised value or transferred as directed.
- (2) Dental equipment transferred from a ship to another activity shall be invoiced on a Receipt/Expenditure Invoice (NavSandA Form 127), entered as a "transfer voucher issued" in the expenditure division, equipment section, of the Dental Journal of Receipts and Expenditures, and expended from the Dental Equipment Ledger.

(b) Supplies

- (1) Dental supplies shall be issued to use by authority of issue vouchers (NavMed Form R) approved by the dental officer. Routine issued should be made at weekly intervals and in quantities normally required for one week's operations, subject to the limitations of packaging of issue units of small items. Issue vouchers shall be priced, extended, and posted as soon as may be practicable after issue in order that the property ledgers may be as current as possible at all times. This is of particular importance in connection with the determination of maximum and minimum stock levels and the maintenance of adequate stock levels. Issues may be posted weekly or monthly but in no case less frequently than at the close of each month. The total value of the issues for each posting period shall be recorded in the appropriate column in the expenditure division of the supplies section of the Dental Journal of Receipts and Expenditures. The total quantity and value of each item issued, as shown on the approved and receipted issue vouchers, shall be posted in detail in the appropriate item accounts (ledger sheets or cards) in the Dental Supplies Ledger. The total value of issues in each class of material, as determined by analysis of the issue vouchers by classes of material, shall be posted in the appropriate class control sheets or cards in the Dental Supplies Ledger.
- (2) When supplies are to be disposed of by survey, the same procedure shall be followed as described for survey of equipment except that expenditures shall be recorded in the Dental Supplies Ledger.
- (3) Supplies transferred to another activity shall be invoiced on a Receipt/Expenditure Invoice (NavSandA Form 127) and entered as a "transfer voucher issued" in the expenditure division, supplies section, Dental Journal of Receipts and Expenditures and in the Dental Supplies Ledger.

8. A Status of Allotment Report shall be submitted by the medical officer quarterly in accordance with instructions contained in reference (d). No other financial report are required of the medical or dental officers afloat.--C. A. SWANSON

BuMed Circular Letter No. 48-27

10 March 1948

To: All Naval Hospitals and Naval Medical Supply Depots.

Subj: Occupational Therapy Equipment and Supplies (Class 11), Army-Navy Catalog of Medical Material; Instructions Concerning Procurement of.

Ref: (a) BuMed Circular Ltr. No. 47-40.
(b) BuMed Circular Ltr. No. 47-33.

1. The method of obtaining occupational therapy materials has been modified. All requisitions submitted prior to 1 January 1948 are being processed as outlined in reference (a). All requisitions submitted subsequent to 1 Jan '48 are being accomplished in accordance with reference (b). Accordingly, as soon as all material that is to be furnished on requisitions dated prior to 1 January 1948 has been received, reference (a) will no longer be effective.

2. Henceforth, all Class 11 materials will be obtained by submitting quarterly requisitions, NavMed 4, in triplicate, using JAN stock numbers only, direct to BuMed (MatDiv) Brooklyn. Issue will be made by Naval Medical Supply Depot, Brooklyn in the same manner as outlined in reference (b).--C. A. SWANSON

BuMed Circular Letter No. 48-28

11 March 1948

To: Naval and Marine Corps Stations (Selected List).
Attn: Senior Medical Officers.

Subj: Implementation by BuMed of Navy Department Policy Covering Provision of Eye Protection and Eye Correction for Naval Shore Establishment Employees.

Refs: (a) Contract N7sx429 with American Optical Co., Southbridge, Mass., for vision testing.
(b) Contract N7sx431 with Bausch and Lomb Optical Co., Rochester, N. Y., for vision testing.
(c) Contract N7sx430, with American Optical Co., for furnishing corrective protective spectacles.
(d) Contract N7sx432, with Bausch and Lomb Optical Co., for furnishing corrective-protective spectacles.
(e) Navy Standard Prescription Form-NAVEXOS 2704.
(f) Purchase Invoice; eye-care Services - Form S&A 414.
(g) U. S. Manual of Eye Correction and Eye Protection - (Advance Copy).
(h) UnderSecNav ltr. OIR-550:bm 707 to Chiefs of Offices and Bureaus dtd 22 Sept. 1947 (CPI&D-47-107) (Reproduced in Encl. 1).

Encl: 1. (HW) Copy of Ref. (g). (Omitted from this printing.)

1. The Secretary of the Navy, in a letter dated 22 September 1947, reproduced in full in Ref. (g), Encl. 1, established a firm policy for the Navy relative to the mandatory use of protective eyewear in eye hazardous trades and areas. The implementation of this policy at shore activities is the responsibility of the bureau under whose management control the activity is placed. This letter furnishes information by Encl. 1 regarding the procedures which BuMed activities will carry out to assure compliance with the Secretary's letter.

2. Representatives of certain BuMed activities attended the Regional Safety Conferences at Alameda in December, 1947, at Jacksonville in January, 1948, and the Washington Conference on 3, 4, and 5 February, 1948, and had this eye-protection program fully explained for their guidance.

3. Copies of references (c) and (d) and either reference (a) or (b) have been forwarded by the Bureau of Supplies and Accounts. These references allude to the contracts with two optical companies with which the Bureau of Supplies and Accounts has recently negotiated Navy-wide contracts for furnishing the necessary services and supplies for corrective-protective eyewear.

4. Contracts for checking visual efficiency, references (a) and (b) provide for screening employees to locate those needing corrective lenses. Either contract, references (c) or (d), for materials may be used by the Supply Officer to procure the corrective-protective eyewear found to be needed for employees engaged in designated eye-

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hazardous work. Any employee with one eye should be considered as engaged in such work. References (e) and (f) will take care of an eye examination and provide a proper occupational eyewear prescription for such employees as are located in the screening process.

5. On page number 1 of schedule sheet, references (a) and (b), is shown the "key" activity of naval establishments indicated by the letter "a". These key activities have been designated and contracts so negotiated to establish a central activity for initiation of the program and will aid those stations within a general geographical area, naval base, or district. All medical department activities are satellites of these key stations, and the officer representative of each BuMed activity should contact the Industrial Relations officer and/or safety officer of these "key" stations for arrangements for these services and for visual testing of civilian employees.

6. The particular designation of certain hospitals may not appear in either of the formal contracts, references (a) or (b). This is because of the small number of civilian employees involved. Those activities will be included within the contract of the nearest key station shown in these references. There will be no cost for "screening" the employees of these activities, but the cost of furnishing eye glasses will be borne by the appropriation chargeable for the maintenance and operation of the station. This program applies equally as much to these stations as those enumerated, and the key stations will include all personnel employed at BuMed installations within the scope or the terms of the key station contract.

7. To clear up any question relative to the participation of Medical Corps Officers in the subject program, the reference to such officers in paragraph 3(e) of Ref. (h) is interpreted to place the function of writing prescriptions for glasses upon such officers only when eye specialists are aboard and are available for the work.

8. Reference (e) is now being printed and it is expected will be available at the District Publications and Printing Offices before the last of the month of February, 1948. Reference (f) has been published separately as C.P.L. & D - 48-5, dated 16 January 1948. Since these references are not necessarily required for implementation of the vision testing system, the use of references (a) or (b) need not be delayed until that time.--C. A. SWANSON

BuMed Circular Letter No. 48-29

12 March 1948

To: All Activities under the Management Control of BuMed

Subj: Personnel Action, submission of.

Ref: (a) NCPI 135.5-3 (8), as amended.

1. The submission of copies of NAVEXOS-1200, Official Personnel Action, and/or Standard Form 50 (CSC), Notification of Personnel Action, to the Bureau of Medicine and Surgery is no longer required.

2. Accordingly, the Office of Industrial Relations, Navy Department, has been requested to amend reference (a).

3. The type of information previously secured from copies of Personnel Actions by the Bureau will in the future be requested on a special case basis as the need arises.

--C. A. SWANSON

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BuMed Circular Letter No. 48-33

19 March 1948

To: Special Distribution List

Subj: Naval Medical Supply Depot, Guam, M. I.; Mission of.

Ref: (a) CNO ltr OP-4CE-1er, NH18/A3, Serial 168P40, dtd 5 Mar 1948 to BuMed.

1. In accordance with the authority contained in reference (a), the mission of the Naval Medical Supply Depot, Guam, M. I., is as follows:

- (a) To procure, store, prepare for shipment, and deliver to trans-shipment agencies standard medical supplies and equipment for all U. S. Naval and Marine Corps activities under the command of ComMarianas, including service craft, attached small craft, naval defense forces in the Marianas, and dependents of service personnel.
- (b) To procure, store, and issue standard medical supplies and equipment required in the treatment of the civil populations of Guam and the Trust Territories, in accordance with the policy established by SecNav.
- (c) To provide medical supply support to fleet units at Guam, and incidental vessels as may be required.
- (d) To maintain on hand, in accordance with CNO approval, such reserves of standard medical material as may be directed by the Bureau of Medicine and Surgery.
- (e) To provide facilities for, and accomplish the salvage and repair of medical supplies and equipment.
- (f) To identify and dispose of Navy surplus materials under the control of the Naval Medical Supply Depot.
- (g) To perform such stores and cost accounting functions as may be designated by the Bureau of Medicine and Surgery.
- (h) To perform such additional accounting, incident to proper function of the depot, as may be designated by ComMarianas with the concurrence of the Chief of the Bureau of Medicine and Surgery.

NOTE: The Marshall Island sub-area, including Kwajalein, will be supplied by NMSD, Pearl Harbor.--C. A. SWANSON

BuMed Circular Letter 48-34

22 March 1948

To: All Ships and Stations

Subj: Procedure for Care of the Dead

1. The disestablishment of the Naval Hospital, Brooklyn, New York, is tentatively scheduled for 30 June 1948. In view of its pending disestablishment and its greatly reduced personnel, as of this date that Hospital will handle only cases where death actually occurs therein. It is directed that the following cases be transferred to the Naval Hospital, St. Albans, Long Island, New York:

- (a) Remains of naval personnel returned from beyond the continental limits of the United States and arriving in New York.
- (b) Preparation, encasement, and transportation of remains of naval personnel who die aboard ships or at activities in the New York City area.
- (c) Other cases of death under the jurisdiction of the Navy in the New York City area.
- (d) Remains which are to be interred in Long Island National Cemetery, Farmingdale, New York.--C. A. SWANSON

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BuMed Circular Letter No. 48-35

23 March 1948

To: All Ships and Stations

Subj: Record of Radiological Health Data

Ref: (a) BuMed Circ. Ltr. 48-10, Radiological Safety Regulations

1. Reference (a) directs that certain physical and laboratory examinations be made on personnel exposed to radiological hazards.

2. Results of all such examinations shall be entered in the health-record medical history sheet, listing any abnormalities and indicating action taken. Photodosimetry records shall be entered monthly, indicating dosage and number of days exposed for the month and total dosage to date. Explanation shall be entered of any unusual radiological exposure.

3. Upon detachment or reassignment of exposed personnel, the total cumulative exposure shall be noted in the medical abstract.--C. A. SWANSON

BuMed Circular Letter No. 48-36

24 March 1948

To: All Ships and Stations

Subj: Disinsectization of Naval Vessels and Aircraft

Ref: (a) General Order 252, of 26 Sept. 1947, Quarantine Regulations for Naval Vessels.
(b) General Order 249, of 26 Aug. 1947, Quarantine Regulations for Naval Aircraft.
(c) Manual of the Medical Department, part III, ch. 5C, Quarantine Procedures.

1. Vessels.--Before arriving in port the medical officer (or senior representative of the medical department) aboard a naval vessel shall make an inspection to determine whether insects capable of transmitting disease exist aboard. In the event disease vectors are discovered, suitable disinsectization procedures will be recommended to the commanding officer. Such procedures include treatment of spaces with aerosol insecticide at the rate indicated on label of container. Spaces should be closed and ventilators secured during treatment. Collections of water in small boats on deck and in similar situations should be treated when such situations present evidence of breeding of mosquitoes or other disease vectors. Disinsectization in these situations ordinarily will be accomplished by eliminating the breeding source, or in certain instances by spraying the surfaces with standard Navy insecticide (liquid) or with liquid 5% DDT preparations.

2. Aircraft.--Where disinsectization of aircraft is required by the naval district commandant, area commander, or senior naval officer in command of an embarkation area, pursuant to paragraph 12, reference (b), disinsectization must be accomplished immediately before take-off by treatment with aerosol insecticide at the rate indicated on label of container or at the rate of 6 seconds spraying per 1,000 cubic feet of space. Spraying with aerosol insecticide should be accomplished with all hatches and doors secured. After disinsectization, hatches and doors should not be opened before take-off.

3. Disinsectization should always be accomplished on leaving ports where yellow fever is known to exist. Similarly, special attention should be directed to disinsectization of vessels and aircraft proceeding from areas where malaria mosquitoes exist to areas where these insects do not exist. Particular cognizance should be taken of cargo loaded from plague-infected ports.

4. In the event question arises as to whether disinsectization has been successfully accomplished, or where any special problem of insect infestation exists not amenable to disinsectization procedures herein recommended, request for assistance should be made by the vessel or aircraft commander to quarantine officials at the seaport or airport upon arrival.

5. This circular letter supplements instructions at present found in reference (c).
--C. A. SWANSON

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BuMed Circular Letter No. 48-37

26 March 1948

To: All Naval Stations and Marine Corps Activities

Subj: Accountability, Custody, Assignment, Maintenance, and Replacement of Ambulances

Ref: (a) SecNav ltr. of 19 Dec. 1945.
(b) Ch. 20, par. 3100, Manual of the Medical Department.
(c) Ch. 20, par. 3079, Manual of the Medical Department
(d) Par. 63011-1 and -2, BuSandA Manual.
(e) BuMed Circ. Ltr. 46-166.
(f) NavMed-855, Object and Subobject Classification of Medical Department Appropriational Estimates, Obligations, and Expenditures. (See C/L 45-178).
(g) SecNav ltr. of 26 Dec. 1947; N. D. Bul. of 31 Dec. 1947, 47-1182

1. Reports being received in this Bureau from field activities indicate a considerable variance in property accountability procedures as applies to the receipt, accountability, custody, assignment, maintenance, and replacement of medical-department ambulances assigned to shore activities, particularly at those activities which are not under the management control of BuMed.

2. By authority of reference (a), various bureaus of the Navy Department are held responsible for provision of funds for the procurement of, and the administration, assignment, and utilization of non-passenger-carrying automotive vehicles required for activities under their jurisdiction. Accordingly, this Bureau has assumed cognizance of all ambulances presently assigned to permanent peacetime shore-based activities, both continental and extracontinental.

3. In order to maintain proper accounting records of medical-department property as required by reference (b), and in order to justify funds included in this Bureau's annual budget for replacement of worn-out and obsolete ambulances, it is imperative that subject vehicles be taken up in the equipment ledgers of the medical-department activity of the station to which assigned. This recordation should be effected by: (a) Preparation of memorandum TVR (NavSandA 127) showing the transaction as a gain by inventory, and (b) reporting transaction on line 6 and analysis (4), NavMed "E", in the quarter during which recordation is effected. Upon subsequent transfer of any medical-department ambulance, a copy of the TVI (NavSandA 127) shall be immediately forwarded to the district commandant (DATD), in addition to other distribution as required by reference (c). In the event an ambulance is transferred between naval districts, a copy of the transfer invoice should also be furnished the commandant (DATD) of the district to which transferred.

4. The foregoing procedure is applicable to all shore stations. However, at shore activities not under the management control of BuMed, all ambulances taken up in the medical-department equipment ledger in compliance with this directive must further be reported to the station plant account officer, as directed in references (d) and (e).

5. The cost of maintenance, repair, and transportation supplies as may be required for medical-department ambulances is a proper charge to the appropriation "Medical Department, Navy", as provided for under subobjects 0798, 0898, and 081 of reference (f). Allocation of funds for employment of civilian chauffeurs will be granted only to those activities under the management control of the Bureau of Medicine and Surgery. Estimate of funds for expenditures under the foregoing subobjects should be included in the annual estimate of expenditures, submitted annually to this Bureau by each field activity. Shore stations which are automatically granted annual medical-department allotments should submit letter request for increase in allotment, if required.

6. The foregoing procedures apply to all vehicles specifically designated and used as ambulances by field activities, and for which this Bureau will be responsible for replacement.--H.L. PUGH

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BuMed Circular Letter No. 48-38

31 March 1948

To: All Ships and Stations

Subj: Instructions Concerning Patients' Jackets and Clinical Records (Items 31, 41, and 43, BuMed Field Records Schedule)

Ref: (a) BuMed Circ. Ltr. 48-15.
(b) Par. 12B11.5(c), Manual of the Medical Department.
(c) Par. 514.1, Manual of the Medical Department.

1. Reference (a) is hereby canceled.
2. Subject records for the years prior to 1940 with copies of the patients' registers shall be transferred to the Naval Records Management Center, 605 Stewart Avenue, Garden City, Long Island, New York, for forwarding to the National Archives for permanent custody and servicing.
3. Records dated 1940 and thereafter shall be transferred to the Naval Records Management Center for temporary custody and servicing when they are 5 years old or upon disestablishment of an activity. When a patient has repeated admissions to the same hospital, the complete jacket shall be retained until the most recent record is 5 years old. The pertinent registers covering the clinical records shall be microfilmed and the microfilm copy forwarded with the records to the Records Center; or if microfilming is not feasible, the original registers shall be forwarded by registered mail to the Records Center on a loan basis. The Records Center shall microfilm the register and retain the film strips at the Center to be used as finding media for the clinical records. Immediately upon completion of microfilming the register shall be returned to the appropriate hospital by registered mail.
4. When it becomes necessary to refer to the above transferred records, requests shall be addressed directly to the Director, War Records Office, National Archives, Washington 25, D. C., or the Director, Naval Records Management Center, New York, as appropriate. Nothing shall be added to or detached from these records, except that in the case of patients being rehospitalized a notation shall be added showing the name of the activity and readmission date; and the record shall be returned as soon as practicable.
5. On admission to a hospital the patient shall be assigned a new registry number. Upon readmission to that hospital the patient shall be assigned the same registry number used for previous admissions. Patients' clinical records shall be filed in numerical sequence and the file of clinical records shall be broken (segregated by year) each calendar year. The clinical record number shall run consecutively year after year. Where a patient continues on the sick list beyond the calendar year the individual record shall not be broken.
6. Reference (b) will be revised accordingly in the near future.--H.L.PUGH

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BuMed Circular Letter No. 48-39

31 March 1948

To: All Ships and Stations

Subj: Object and Subobject Classification of Medical Department Appropriational Estimates, Obligations, and Expenditures

Ref: (a) BuMed C/L 45-178 and NavMed 855.

1. Upon receipt of this letter, the following changes will be made in ref (a):

<u>Subobject Symbol and Title</u>	<u>Correction to be made</u>
0192-Other Fee Services -	Delete: "(1) Fees for blood-donor service."
061-Forms and Letter-heads, Including Tabulating Cards	Delete entire paragraph under this subobject and add: "(For Bureau authorization only)."
083-Office Supplies	Delete third paragraph under this subobject and add new paragraph: "Charges for printed forms and tabulating cards when procured under contract or from district printing plants."
0891- Medical and Surgical Supplies	Add new paragraph: "(6) Fees for blood-donor service." --H. L. PUGH

BuMed Circular Letter No. 48-40

31 March 1948

To: Activities Under Management Control of the Bureau of Medicine and Surgery (Selected List).

Subj: Color Manual for Naval Shore Establishments - distribution of.

1. The Office of Industrial Relations, in conjunction with the Bureau of Yards and Docks, by a contract negotiated with Faber Birren and Company of New York, has produced a color manual. This color manual is an approved comprehensive schedule for painting, the use of which, it is hoped, will contribute to accident prevention, and will be a guide in the choice of suitable colors for the decoration of buildings of the Medical Department.

2. Three copies of this manual, numbered to encourage greater care and to identify them in the instance of misappropriation, are being mailed by the Bureau of Yards and Docks.

3. It is directed that when painting is necessary, and money is available, the color to be used shall be selected in accordance with the uniform standards contained in this manual. It will be noted that these standards limit the number of colors to twenty-four that will be required to be kept on hand. The requirements of the sections dealing with safety and fire protection should be effectuated as soon as practicable.

4. It is requested that acknowledgement of receipt of these color manuals and the identifying number thereon be made to the Bureau of Medicine and Surgery.--
C.A. SWANSON

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BuMed Circular Letter No. 48-41

5 April 1948

To: All Ships and Stations

Subj: Monthly Morbidity Report, NavMed 582

1. It is apparent from monthly morbidity reports received in the Bureau that not all personnel completing subject report fully understand the instructions for reporting "Total Patient Sick Days During Month" under Part I. The following comments are intended to amplify the instructions printed on the back of subject form and are related to both Type I and Type 2 reports.

2. The figure desired is the number of sick days accumulated by all active duty patients at the reporting activity during the month. For a patient admitted to an activity on 20 March, and disposed of on 15 April, 11 sick days would be accumulated in March and 15 in April, and reported in the totals for the respective months. Only the sick days accumulated during a given month and at an activity are included in that activity's report. Sick days for patients who have been transferred (T) to convalescent leave, will not be included. Sick days accumulated by a patient prior to admission to a given activity will not be reported by that activity.--H. L. PUGH

BuMed Circular Letter No. 48-42 Subj: Pharmacy Services, Questionnaire regarding.
Canceled--Served Purpose

BuMed Circular Letter No. 48-43

13 April 1948

To: Comdts, ND's (less 10, 15 and 17), and PRNC.

Subj: Vessels or Craft assigned to Naval Districts and River Commands for use in making Naval Reserve Training Cruises of a local and limited nature; Medical Allowance Requirement.

Ref: (a) BuMed Circular Letter 47-82

1. Paragraph 1 of reference (a) is hereby modified as follows:

Add sub-paragraph e -

e. 9-218-750 First Aid Kit, Medical Officer
and Hospital Corpsman

AMOUNT
*1

Add explanatory note -

* One (1) is authorized in addition to above items for each vessel making seagoing cruises with a Medical Officer aboard. This kit contains narcotics and Officers in Charge of applicable vessels should be advised thereof and instructed to institute necessary safeguarding measures.

--H. L. PUGH

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BuMed Circular Letter No. 48-44

14 April 1948

To: All Continental Stations

Subj: NavMed-172, Weekly Morbidity Report; Suspension of

Ref: (a) Par. 35D2, ManMedDept.

1. Reference (a) directs the submission of a weekly report of morbidity by shore stations in the continental United States upon direction of this Bureau during war or other emergency.
2. It has been determined that the submission of the Weekly Morbidity Report, NavMed-172, is no longer essential at this time. Accordingly, the submission of this report is hereby suspended for an indefinite period. Stocks of the NavMed-172 on hand shall be disposed of locally.
3. The provisions of reference (a) remain in effect and will permit the reemployment of this report if the need for it again becomes apparent.--H. L. PUGH

BuMed Circular Letter No. 48-45

19 April 1948

To: All Medical Department Activities.

Subj: Safety Precautions in Surgical Operating Rooms Against Explosive Anesthetic Gases, BuMed Policy Regarding.

1. The attention of all activities under the management control of BuMed having major surgical operating rooms employing gaseous anesthetic agents is directed to the following.
2. The essential precautionary measures against fires and explosions caused by volatile anesthetic agents including ether, ethylene, cyclopropane, propylene, ethylene chloride or the combination of nitrous oxide or oxygen, (which are supporters of combustion), in operating rooms are herewith summarized for information:
 - (a) All operating room decks, including a minimum of fifteen feet of approach deck, shall be electrically conductive and of so-called spark-proof composition. The deck may be of marble, terrazzo, or tile, with grounded brass grids of not more than six-inch squares. Special conductive type composition, linoleum, rubber, or asphalt deck covering may also be used. All types shall provide an uninterrupted low resistance path to ground. All borders of the deck shall have a continuous bonded strip well connected to the ground.
 - (b) All electrical wiring, outlets, switches and other fixtures shall be of explosion-proof types (except major surgical light).
 - (c) Until such time as specifications can be prepared relative to the specific requirement for major surgical operating lights, one of the following "approved" lights should be used:
 1. Wilmot Castle #12
 2. American Sterilizer Co. "Luminaire"
 3. Westinghouse Co. "Scialytic"
 4. Scanlon - Morris Co. "Operay"
 5. Helophane Co. "Multiple Control System"

Major surgical operating lights of other manufactures will be added to this list from time to time as they are proved to meet the requirements and specifications.

- (d) Complete air conditioning without recirculation within the room to any other part of the hospital; including control of temperature, and humidity, with adequate volume to dilute the explosive agent. Entrance of conditioned air shall

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be at ceiling level and exhaust of contaminated air shall be at floor level.

(e) Complete grounding of all electrical equipment, including head lamps, machines --fixed and portable, illuminating lights, instruments and appliances. This is necessary to prevent development of sparks, either static or power which are generally conceded to be the major causes of anesthetic gas fires and explosions.

(f) All electrical equipment such as anesthetic apparatus, bronchoscopes, laryngoscope, X-ray, fluroscope, other endoscopic examination instruments, power knives, sewing machines, power-driven bone tools, proctoscopic electrosurgical apparatus, suction pumps, portable surgical lights, fans, diathermy, and emergency lights of explosion-proof types, if properly grounded, can be used safely. Polarized receptacles and plugs will provide additional safeguards against the connection of unauthorized equipment.

(g) If an electric cautery, open spark, or open flame is to be used the patient should be thoroughly evacuated of residual explosive inhalant, if practicable, before the use of these devices, or an efficient barrier should be erected between the face of the patient and the operating field. The use of a cautery, spark, or flame in the presence of an explosive anesthetic agent is considered highly dangerous.

(h) All persons in the operating room should wear shoes with conductive soles and heels, and socks or stockings shall be of cotton when highly explosive gas is being used. Other materials would interrupt the low resistance path to ground.

(i) It is recommended that a floor test plate for testing conductivity of footwear be set up near the entrance to the operating room suite. Only personnel wearing proven conductive footwear should be allowed to enter the operating room suite.

(j) Rubber bags, bellows, tubes, rubber blankets and operating table pads should be of conductive rubber.

(k) Only cotton blankets should be used in operating and delivery rooms. Wool blankets, when drawn over other material, generate static electricity, and the spark necessary for ignition of gases, could be produced.

(l) It is dangerous to wear silk, wool, rayon, or sharkskin clothing by any person in the operating room, when highly explosive gas is being used.

(m) Patient should be grounded to the operating table.

(n) A 4-pound CO₂ hand fire extinguisher shall be provided for each room in the operating suite.² The extinguisher shall be strategically placed and shall be readily accessible in case of an emergency.

(o) A sign shall be displayed outside the entrance to the operating suite when explosive gas is being used, reading

"DANGER - EXPLOSIVE GAS
BEING USED - NO SMOKING
OR OPEN FLAME PERMITTED
IN THIS AREA."

3. Projects of the activities under the management control of BuMed for accomplishing the installation or alteration of Operating Rooms to comply with the above standards should be processed in accordance with BuMed Circular Letter No. 45-154 dated 16 June 1945. Attention is invited to the Secretary of the Navy's letter SecNav Ser. 1306/N610/CP:1hp, dated 14 October 1947, which states in part: "Authority to approve projects costing less than \$20,000 for minor construction and alterations, within the limitations of Section 26, Public Law 604, 79th Congress, is hereby delegated to Chiefs of the various Bureaus and Commandant, Marine Corps." Submission of these projects is

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requested at the earliest possible date for accomplishment.

4. The cotton blankets required for use in operating rooms should be purchased locally. Because of the limited demand they will not be added to the supply table.

The conductive shoes are now in the research stage of development and information relative to procurement will be published at a later date.

5. The observance of the precautionary measures set forth herein materially reduces the dangers of fire and explosions in operating rooms and at the same time will permit the operating surgeon an unrestricted choice of the anesthetic most efficacious for the various surgical procedures.

6. It is the intent of the Bureau of Medicine and Surgery that all operating rooms under its cognizance shall be made as safe as possible by taking advantage of such measures as modern research and science may indicate to the end that fires and explosions therein may be prevented.--C.A. SWANSON

BuMed Circular Letter No. 48-46

26 April 1948

To: All Medical Department Activities

Subj: Medical Research in the Navy, Opportunities for Medical and Dental Officers to engage in.

1. Since 1941 when the Research Division was established in the Bureau of Medicine and Surgery, research has become an important function of the Medical Department. Excellent facilities are now available for research in the basic biological sciences; experimental medicine and surgery; dentistry; preventive and tropical medicine; aviation medicine; submarine and diving medicine; field or combat medicine; and the preventive medicine aspects of chemical and atomic warfare.

2. Active participation in research by medical and dental officers is essential for the effective prosecution of most of the research programs. There is an urgent need in our research activities for medical and dental officers interested in research and it is requested that this need be made known within the Medical and Dental Corps.

3. The Bureau will make every effort to place applicants for specialization in research in appropriate research activities for basic training, to further their advancement by postgraduate training in civilian institutions, and to afford those who so desire a continuous career in research.

4. It is desired that medical and dental officers with special aptitude, training, experience or inclination for research, apply for duty in research stating their special qualifications and field of interest.--C. A. SWANSON

BuMed Circular Letter No. 48-48

28 April 1948

To: Commandants, All Naval Districts and River Commands.

Subj: Civil Death Certificates - Procurement and Payment for.

Refs: (a) Comptroller General ltr, A-39800 dated 17 December 1931 to the Secretary of the Navy.
(b) Paragraph 3411, MMD
(c) Paragraph 56308, BuSanda Manual.

1. Certain inquiries have been received in the Bureau concerning the procurement of civil death certificates for the official use of the Navy Department, the method of making advance payment for these certificates as required by various states, and the availability of public funds for this purpose.

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2. For clarification, all civil death certificates required for the official use of the Navy Department, regardless of the category of Naval or Marine Corps personnel involved, are properly chargeable to the appropriation, "Medical Department, Navy."

3. In the event advance payment is required, the prepayment of the legal fee may be made from the personal funds of an officer by cash or any negotiable instrument as may be acceptable to the various state, county or city authorities as directed in ref (b).

4. Reimbursement for these prepayments will be made by the local disbursing officer to the personal funds of the officer, providing the cash and/or obtaining the acceptable negotiable instrument in the amount of its face value plus any service charge in accordance with instructions contained in ref (c).--C. A. SWANSON

BuMed Circular Letter No. 48-52

7 May 1948

To: All Ships and Stations

Subj: Accounting Procedures for Unit Pricing of Medical Department Property

Ref: (a) BuMed Circ. Ltr. 46-79.
(b) AlNav 185-47; N. D. Bul. of 31 Aug. 1947, 47-786.
(c) Ch. 3, vol. VI, BuSanda Manual.
(d) Army and Navy Catalog of Medical Materiel

1. Reference (a) is hereby canceled and superseded by this circular letter.

2. Many complications have frequently arisen between the accounting instructions promulgated by reference (a) and plant account records maintained in accordance with reference (c).

3. The present standard unit-price basis of accounting for medical stores, as itemized in reference (d), in the medical supply system will be maintained and all issues of such medical stores by medical supply depots will continue to be made at the standard unit price contained in the supplement promulgated from time to time by Materiel Division, BuMed, as an addendum to reference (d).

4. For the purpose of obtaining conformity in plant account records and the property ledgers of the Medical Department, and to alleviate the necessity of frequent changes in these records, the following accounting procedures for Medical Department property will be made effective 1 July 1948:

(A) No changes will be required in Medical Department land and buildings ledgers and plant account records (classes 1 and 2).

(B) EQUIPMENT

(1) Unit value over \$50.00 (Requires individual plant account cards)

(a) As at effective date, adjust the total money value on MD equipment ledger sheet for each item to agree with the money value recorded on the individual plant account cards for that item.

(b) Thereafter account for each item of equipment in this category at the invoiced value at time of acquisition in both the MD equipment ledger and on the pertinent plant account card. No change in book value will be required during the life of the item.

(2) Unit value of \$50.00 or less (Grouped on single plant account card)

(a) As of the effective date, adjust the appropriate MD equipment ledger account to conform with the total value recorded on corresponding plant account card.

(b) Thereafter account for each item of MD equipment on the periodic average unit-price basis in its appropriate MD equipment ledger account and plant account cards.

(C) SUPPLIES

(1) After 1 July 1948, all items of supplies to be accounted for on the periodic average unit-price basis.

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(D) PERIODIC UNIT-PRICE BASIS

This method of pricing issue requisitions (NavMed Forms R and 11) is a variation of the weighted average method of pricing. To eliminate much detailed clerical work, the following procedures for pricing issue requisitions of Medical Department supplies and minor equipment will be instituted on 1 July 1948.

- (1) After all issues made on or before 30 June 1948 have been expended from the property ledgers and accounts and recorded in the cost ledgers and accounts at current unit cost, a new periodic unit cost will be established as of 1 July 1948.
- (2) Beginning on 1 July 1948 and as at the first day of each quarter thereafter, a new unit price will be established and all issues made during the pertinent quarter will be priced at this unit price. By establishing a new unit issue price only once each quarter, many details in costing can be eliminated. However, this method in no way affects receipts. Receipts will continue to be recorded at the standard unit price as established by Materiel Division of the Bureau of Medicine and Surgery.

5. Distribution of revised price supplement, Army-Navy Catalog of Medical Materiel, will be made by the Naval Medical Supply Depot, Brooklyn, to naval activities holding such catalogs, commencing 15 June 1948. Revised prices will be effective 1 July 1948 at elements of the medical supply system only (for instance, MatDiv, medical supply depots, and store houses). Instructions regarding unit prices which are to be used at other Medical Department activities are contained in this letter. Failure to receive the revised supplement by the effective date will not cause delay in accomplishing necessary accounting in the field.--C. A. SWANSON

NavMed Circular Letter No. 48-55

13 May 1948

To: All Ships and Stations

Subj: Health Precautions in Greenland

1. In order to assist the Danish Government in its continuous efforts to prevent the possible introduction of syphilis and other communicable diseases into Greenland, the Secretary of Defense has directed that the following health precautions be taken by the surgeon or medical officer at points of embarkation or debarkation, in the case of all personnel sent to Greenland.

- (a) No serologically or clinically active, or suspected cases of syphilis will be permitted to embark.
- (b) A physical examination will be made prior to debarkation in order to detect communicable diseases, including syphilis. In the case of aircraft and ships without a medical officer the examination will be made immediately after debarkation.
- (c) All cases of serological or clinical syphilis detected en route to or subsequent to arrival in Greenland will be isolated and treated immediately. All cases of serological or clinical syphilis will be evacuated from Greenland at the earliest practicable date deemed medically advisable by the surgeon or medical officer.
- (d) After arrival in Greenland, personnel will be restricted to a military reservation and will not be assigned to outpost duty until they have undergone medical surveillance for a period of 30 days. A careful physical inspection and serologic test for syphilis will be performed prior to release from medical surveillance.
- (e) Medical surveillance of personnel debarking in Greenland on duty may be terminated prior to the elapsing of the 30 days period upon recommendation of the surgeon or senior medical officer.
- (f) Exceptions to the above may be made by the surgeon or medical officer, in the case of male dependents under 12 years of age and of female dependents for medical reasons or when extreme hardship exists.

Approved: 13 May 1948--John Nicholas Brown--Acting SecNav--C. A. SWANSON

RESTRICTED

BuMed Circular Letter No. 48-58

24 May 1948

To: All Ships and Stations

Subj: Hazards to Naval Personnel of Polluted Overboard Water in Harbors, Lagoons, Open Seas, Inland Streams, and Other Contaminated Areas.

Refs: (a) CNO ltr. Op-411K/meg/mls,FS/S37, serial 137P411, of 25 Feb. 1948.
(b) Art: 1324, U. S. Navy Regulations. 1920.
(c) CNO ltr. Op-23-2-MM, serial 211523, of 28 May 1945; AS&SL Jan.-June 1945, 45-554, p.229.)

1. Due to the potential health hazards to naval personnel of operations in polluted-water areas, reference (a) directs the formulation of instructions concerning the correction of sanitary hazards which may exist.

2. The indiscriminate use of water in subject areas, into which raw sewage from ships, military establishments, or municipalities is emptied, presents constant hazards to the health of naval personnel. Investigations have shown that there exists among personnel aboard certain ships of the fleet an appreciable number of carriers of *Shigella* microorganisms who at varying intervals excrete in their feces increased numbers of these bacteria. Further, investigations have shown that under certain circumstances the microorganisms (*Shigella* nad *Salmonella*) causing diarrheal disease (bacillary dysentery and gastroenteritis) can be recovered from certain overboard waters. In addition, studies show that pollution of open-sea water is increased by discharge of raw sewage from ships under certain conditions of ship formations.

3. The results of these investigations emphasize the necessity for strict compliance with references (b) and (c). Reference (b) restricts the use of harbor water under conditions of contamination with sewage in order to reduce, as much as possible, the occurrence of epidemics, which not only cause individual suffering but also may result in a situation where the personnel are unable to operate the ship. Reference (c) outlines the hazards involved and the special precautionary measures to be taken when it becomes necessary to connect a potable-water system ashore to a ship's fire and flushing system. It should be noted that although separate potable and fire-protection connections may be installed, these systems frequently have a common source of supply at a point remote from the local outlet connections. The greatest risk to health of the crew is the use of polluted overboard water in harbors, lagoons, inland streams, or other contaminated areas for such purposes as the following and shall be prohibited:

- (a) Vegetable locker and preparation room;
- (b) Washing or rinsing utensils, apparatus, or containers; used for food or in its preparation;
- (c) Scrubbing mess tables;
- (d) Oral hygiene.

Other uses of this water which may not be of as great risk as the above but may serve as an indirect mode of infection and should be reduced to a minimum are:

- (a) Scrubbing decks;
- (b) Scrubbing clothing;
- (c) Showers;
- (d) Any other purpose involving close contact of polluted water with naval personnel such as fire drill, wetting-down decks and bulkheads, etc.

Even in the open sea, when ships are in formation, contamination of the water may result to such an extent as to render the use of overboard water for the above purposes undesirable due to possible danger to health of the crew. This is particularly true when the distance between ships is less than 1000 yards.

4. Suitable precautions, by the use of tarpaulins or other satisfactory covering, shall be taken to prevent salt-water spray from reaching raw vegetables, and other stores intended for consumption without cooking, in transit on vegetable barges or other conveyance in polluted waters.

5. Commanding officers shall take the necessary action to insure that while in polluted areas all salt-water lines to galleys, pantries, other places where food is prepared or handled, and wash basins and showers are secured.

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6. Certain precautions are necessary in the operation of evaporators in polluted waters to obviate the possibility of an outbreak of water-borne disease. Strict compliance with instructions contained in chapter 58, Distilling Plant, Bureau of Ships Manual, is essential.

7. Measures shall be instituted to provide clear differentiation between dockside and ship connections for salt-and fresh-water lines used for taking water on board. Under no conditions shall the use of fresh-water hose or lines be permitted for conveying salt water or polluted fresh water. Special supervision shall be provided to prevent infractions of this provision.

8. Before taking water aboard for drinking or culinary purposes from dockside connections, water barges or other conveyances, commanding officers shall require proof of the potability and bacteriologic safety of such water. If such proof is not available, the water shall be tested for salinity and chlorinated before use as drinking water.

9. Swimming in overboard water shall be permitted only after consultation with the medical officer.

10. Personnel operating open boats, particularly when stationed at the stern, are frequently subjected to thorough drenching by salt-water spray and thereby are placed in a situation similar in hazard to swimming overboard in polluted areas. Others such as line handlers and special-duty groups may be exposed to salt water or salt-water spray in carrying out their tasks. It is realized that protection in many instances is difficult of attainment, so that commanding officers are enjoined to apprise personnel of this hazard, in their instructional training, and the importance of thorough washing of the hands and face after exposure to salt-water spray, as well as the importance of not eating during the time of such exposure and prior to thorough washing of the hands.

--C. A. SWANSON

BuMed Circular Letter No. 48-59

26 May 1948

To: Medical Officers in Command, U. S. Naval Hospitals; National Naval Medical Center, Bethesda; U. S. Naval Medical Center, Guam.

Subj: Hospital Atlases.

Encl: 1. (HW) Copies of Parts I, II, and III of BuMed Hospital Atlases. (Omitted from this printing.)

1. The Bureau of Medicine and Surgery has developed for use in the Bureau a set of atlases which contain summary information on the history, distinctive functions, capacity, complement, physical facilities, organization, and professional services of each naval hospital.

2. The general character and arrangement of these atlases is illustrated by those exhibited and described at the Symposium of the Surgeon General at the National Naval Medical Center, May 27, 28 and 29, 1948.

3. The Bureau anticipates that each hospital will develop its own version of the atlas for local use. More than one copy may be found desirable in the larger hospitals.

4. The principal uses of the hospital atlases will be:

- (a) To familiarize officers assigned to the Bureau of Medicine and Surgery, as well as newly assigned officers and visitors in the hospitals themselves, with the historical background and facilities of each naval hospital.
- (b) To provide available current information on such matters as bed capacity, complement, alterations in or additions to physical plant, and statistical summaries of professional services rendered to different types of patients.
- (c) To aid the Bureau of Medicine and Surgery in analyzing and planning the location and mission of the various naval medical activities, in cooperation with the other armed services, other federal health agencies, and civilian medical organizations.
- (d) To assist the Surgeon General and his staff in acquainting key officials, boards, and offices with the nature, capabilities, and needs of naval hospital facilities.

5. The enclosures are provided herewith to each medical officer in command as a matter of information. These write-ups have been prepared from information available in the Bureau. However, it is anticipated and requested that each hospital redraft and improve these statements for local use in their own atlases. It is further requested that the Bureau be provided copies of all such redrafts for use in the volumes maintained in the Bureau.

6. It is requested that the following further steps in developing the atlases be taken by all medical officers in command to complete the atlases already compiled and maintained in the Bureau:

- (a) Provide better or more photographs of each hospital and its professional activities.
- (b) Provide summary information on civilian consultants serving at each hospital and on methods of cooperation with local civilian health agencies.
- (c) Assemble a full list of medical officers in command, with dates of service, from date of the hospital's commissioning to the present, to round out the historical data already compiled.
- (d) Furnish current copies of any hospital newspaper or bulletin now being published.
- (e) Furnish copies of all summaries and statements used in each local hospital atlas.

7. It is intended that the main categories of information on each hospital will be kept up to date in the atlases through the use of data from periodic reports already required by existing regulations and instructions.--C. A. SWANSON

BuMed Circular Letter No. 48-60

27 May 1948

To: MedOfCom, U. S. Naval Hospitals (continental U.S.), U.S. Naval Medical Supply Depots, (continental U. S.), National Naval Medical Center, Bethesda, Maryland.

Subj: Sunday holidays.

Ref: (a) NCPI 85.5 (Rev I) as amended.
(b) NCPI 250.7-13 (Rev II) as amended.

1. A number of inquiries have been received relative to the rules and regulations governing pay and leaves of absence in instances when a holiday falls on a Sunday.

2. In accordance with references (a) and (b) whenever New Year's Day, George Washington's Birthday, Memorial Day, Independence Day, Armistice Day or Christmas Day falls on a Sunday, employees who would ordinarily be excused from work on any of the above-mentioned days if falling on a day other than a Sunday, shall be excused from work on the following Monday. Individual employees or groups of employees may be required to work on holidays in order to maintain necessary services, or in cases of emergency. In administering the provisions of law relating to pay and leaves of absence, the Monday referred to above shall be treated as a holiday subject to the following exceptions:

- a. In the case of employees whose regularly scheduled basic workweek (or tour of duty) includes both the Sunday and Monday, either day, but not both days, shall be treated as a holiday.
- b. In the case of employees whose regularly scheduled basic workweek (or tour of duty) includes the Sunday but not the Monday, only the Sunday shall be treated as a holiday.

3. Special attention is invited to the provision (NCPI 250.7-13c. d. and e.) that wage board employees appointed temporarily for periods not exceeding one year are not entitled to pay for holidays within the regular workweek (or tour of duty) on which no work is performed. Furthermore absences of such employees on holidays within the regular work week (or tour of duty) cannot be charged to annual or sick leave.--C.A. SWANSON

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BuMed Circular Letter No. 48-62

1 June 1948

To: Commander, Atlantic Reserve Fleet. Commander, Pacific Reserve Fleet

Attn: Fleet Medical Officer.

Subj: Care and Readiness of Medical and Dental Departments in Vessels of the Reserve Fleets.

- Refs: (a) BuMed Circ. Ltr. 45-248
 (b) BuMed Ltr. Serial 37474 of 1 Oct 1945 (Forwarded to vessels scheduled for the Reserve Fleets).
 (c) BuMed Ltr.-4223, Serial 11421 of 27 Oct 1947 to addressees.
 (d) BuMed Ltr.-4211, Serial 19748 of 12 Feb '48 to CNO - cc to addressees among others.
 (e) CNO Ltr. Op-411 J/hw over FS/L7-1, Serial 226P411 of 26 Feb '48 to addressees among others.
 (f) BuMed Ltr.-4243, Serial 50882 of 29 Mar '48 to addressees.

Encl: 1. (HW) Bureau of Medicine and Surgery Instructions for Care and Readiness of Medical and Dental Departments in Vessels of the Reserve Fleets.

1. References (a) and (b), and modifications thereto are hereby cancelled and superseded.

2. Reference (c) furnished information relative to revised allowance lists and the preparation of deterioration and deficiency requisitions. Reference (d) advised of the adoption of the Load List System for Deficiencies in On Board Allowances in Vessels of the Reserve Fleets. Reference (e) modified reference (d).

3. Accordingly, it is requested that enclosure 1 herewith be supplied to vessels reporting for inactivation and carried out for those vessels previously inactivated, effective as follows:

a. Upon the completion of the preparation of revised deterioration requisitions, for Reserve Fleet Vessels in conformity with reference (c).

b. For vessels undergoing shipyard overhaul subsequent to 1 July 1948.--

C. A. SWANSON

 ENCLOSURE

BUREAU OF MEDICINE AND SURGERY
 INSTRUCTIONS FOR CARE AND READINESS
 OF MEDICAL AND DENTAL DEPARTMENTS OF
 VESSELS IN THE RESERVE FLEETS

1. The senior medical department representative of a vessel being placed in the Reserve Fleet shall initiate necessary action to carry out all preservation measures scrupulously and thoroughly, take an inventory, complete all records, thoroughly clean the medical department spaces and have them in shipshape condition throughout. The senior dental department representative shall carry out the same procedure for the dental department spaces.

PRESERVATION

2. Material retained on board vessels being placed in the Reserve Fleets shall be protected against deterioration from corrosion, verdigris, tarnish, mildew, mold or rot.

a. All metal furniture, installed equipment, instruments and appliances with corrodible surfaces unprotected by paint, galvanizing, plating, etc., which are in vessels being placed in the Reserve Fleets shall be preserved in a "ready to operate" condition of assembly by treatment with a rust preventive compound. The various compounds used shall be in accordance with the Bureau of Ships applicable specification (Compound, Rust-Preventive, Thin Film - Polar Type). These compounds are obtainable from a supply made available to the ship. Application of the compounds may be accomplished by dipping, flushing, brushing, or spraying, as appropriate. It is not necessary or desirable to disassemble the equipment for application to interior surfaces where this can be done by introduction of the compounds by flushing or spray-

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ing through access openings. In the application and use of the compounds, especially when spraying, due care should be exercised to insure adequate ventilation of the working spaces. The same precautions should be followed as prescribed for the use of kerosene.

b. The Bureau of Ships will bear the costs of preservatives and preservation equipment which are common to other bureaus.

PLACING A VESSEL IN INACTIVE STATUS

3. Upon reporting to the applicable Reserve Fleet Group Commander, the senior medical department representative and the senior dental department representative of a vessel being placed in the Reserve Fleet shall be responsible for initiating action to:

a. Obtain six (6) copies of the applicable current BUNED MATERIAL REQUISITION and/or ALLOWANCE LIST (hereafter referred to as "allowance list") and one (1) copy of the List of Exempted Items (items which are subject to deterioration, freezing, of an inflammable nature, narcotics alcohol or alcoholic liquors, precious metals and alloys) from the Group Commander.

b. Conduct a physical inventory of supplies and equipment to check against the current allowance list.

c. Transfer, at book value (on SandA Form-127), all Exempted Items (except Class 10, Army-Navy Catalog of Medical Materiel - Professional Books) fit for re-issue, which are subject to deterioration, freezing, or inflammable, narcotics, alcohol or alcoholic liquors, precious metals and alloys (Columns 1, 2, 3, 5 and 6 of present "deterioration list"); to the nearest Naval Medical Supply Depot. Column 4 of deterioration list indicates corrosive items; these items are to be retained on board vessel and stowed in accordance with the Group Commander's instructions. (Note: -- BuMed is formulating plans to prepare allowance lists through the medium of machine record cards. Upon the completion of the project, and when next reprinted, the allowance list will contain a symbol in the "Remarks" column to indicate Exempted Items. Corrosives, column 4, of present "deterioration list" will not be indicated by a symbol. However, each Reserve Fleet Group Commander has record of corrosive items and will issue instructions for proper stowage aboard vessel. Upon receipt of allowance lists with "Remarks" column listed thereon, the former stock numbers of functional substitutes (refer to paragraph 3.c.(1) below) are to be entered in the "Remarks" column when former Navy catalogued item is on board and counted as a present catalog item. In the interim before receipt of new allowance lists having a "Remarks" column, Column 1 of the current allowance lists will be headed to read "Remarks" and functional substitute stock numbers entered therein).

(1) Any items on board, not classified as a functional substitute and not contained in the applicable Medical or Dental Commissioning Allowance List, will be treated as an Exempted Item, that is, transferred to the nearest Naval Medical Supply Depot. (A functional substitute is defined as a former Navy Catalog item, not considered as identical or equivalent to a present catalog item as noted in the Navy Conversion Table, Parts 1 and 2, Army-Navy Catalog of Medical Materiel, but functionally the same, for example, Lamps Infra-Red (Element Type) former stock numbers 6-135 and 7-123-200 have been replaced by Lamp, Infra-Red (Incandescent Type), stock number 7-123-090).

(2) All material, missing or which is not fit for re-issue or future use, shall be surveyed and disposed of in accordance with current BuMed survey instructions (narcotics and precious metals shall be returned to the nearest Naval Medical Supply Depot regardless of condition or quantity; giving special attention to regulations applying to shipment of narcotics, precious metals and alloys as directed by U. S. Navy Shipping Guide, and BuSandA Manual).

(3) One of the six copies of the allowance list is intended for a "working copy". Amounts entered by pencil notation during physical inventory in the "On Hand" column (after adjustment for disposition of Exempted Items and unfit items surveyed and disposed of) are to be subtracted from the "ALLOWANCE" column and the difference required to fill allowance entered in the "Required" column.

(4) Items, contained in the current allowance list, on board with quantities in excess of allowance may be retained on board, transferred for local re-distribution or transferred to the nearest Naval Medical Supply Depot at the discretion of the Group Commander. In the event they are retained on board, the amount retained shall be entered in the "On Hand" column and a dash - will be entered in the "Required" column.

(5) As the entire amount of Exempted Items, less Professional Books, have been transferred to the nearest Naval Medical Supply Depot, a dash - will be entered in the "On Hand" column for these items, and the amount to enter in the "Required" column will be the amount indicated in the "Allowance" column (indicate Professional Books retained in the "On Hand" column and enter exact amount of allowance in the "Required" column), plus any additional Exempted Items required for Kits, etc. as noted in paragraph 3.d below. (A notation will be entered indicating the Kits, etc. additional quantities are required for.)

(6) Transfer completed "On Hand" and "Required" column entries to remaining five (5) copies by typewritten entries (Original and 4 carbons), include the vessel name, type, number and Group attached, as applicable, on each allowance list requisition, plus the statement - "Items listed in the "Required" column herein represent deficiencies in allowance as determined by physical inventory of _____. (Insert inventory date)". Do not, repeat not, enter standard unit prices in "Unit Price" column or any other data normally inscribed on the face of a requisition. Distribute completed forms as follows (a letter of transmittal is not required):

Original - Nearest Naval Medical Supply Depot.

Second - Materiel Division, Bureau of Medicine and Surgery, Attn: Code 4243, 84 Sands Street, Brooklyn 1, N. Y.

Third - Retained aboard vessel (medical or dental department space as appropriate).

Fourth - Group Commander (medical and/or dental department staff office).

Fifth - Bureau of Medicine and Surgery, Attn: Code 4211, Navy Department, Washington 25, D. C.

d. Prepare a separate deficiency requisition for (1) Biologicals for ships having a member of the Medical Department included in the wartime complement, (items for specific geographical areas are not to be included in these "basic" biological requisitions), and (2) Exempted Items removed from Non-watertight Field Units, special kits or other pre-assembled units, provided additional quantities were not included as indicated in paragraph 3.c(5) above. (Units, kits, etc. which contain Exempted Items will not, repeat not, be broken down if the watertight integrity of the kit or unit thereby be permanently destroyed. The entire package will be handled as required for the Exempted Item/s involved.)

(1) The formula for establishing the requirements for abandon ship First Aid Kits is as follows:

<u>STOCK NO.</u>	<u>ITEM</u>	<u>QUANTITY</u>
9-214-825	First Aid Kit, Life Boat (Boat Box)	#
9-217-100	First Aid Kit, Life Raft	%

One (1) for each boat regularly carried at davits for use as "Abandon Ship Equipment".

% One (1) for each life raft, life float or floater net; double quantity authorized if capacity is thirty (30) or more men.

(2) Quantities of the First Aid Kits (Boat Boxes), 9-214-825 included in the Medical Commissioning Allowance Lists are intended to be sufficient to supply the requirements of the formula listed above. An additional quantity of Boat Boxes may be requisitioned in accordance with above formula provided quantities in the applicable Medical Commissioning Allowance Lists are not sufficient for some types of vessels.

(3) Due to the great variance in requirements of the First Aid Kit, Life Raft, 9-217-100, this item is not, repeat not, included in the Medical Commissioning Allowance Lists and must be requisitioned in accordance with the formula outlined in paragraph 3.d.(1) above. (Kit, Life Raft, 9-217-100 contains narcotics and is watertight, therefore the entire Kit must be requisitioned as noted in paragraph 3.d. above.)

e. The retention of Field Medical Units intact aboard Hospital Ships is authorized provided adequate security is maintained in accordance with Para. 12B22.3., Manual of the Medical Department, USN, 1945.

f. Medical and dental supplies and equipment retained on board shall be stored in regular storage spaces where possible. Any drugs or chemicals which bear a "Poison" label, which were not disposed of as an Exempted Item, shall be segregated from the general supplies and equipment and special care taken to insure precautionary storage. Remove all supplies and equipment from first aid boxes, battle lockers, battle stations, kits etc. Prepare a list of material removed from each and indicate the former location or the ship compartment number or other means of identification.

g. Corrosive acids are to be stored in lead lined boxes and covered with powdered asbestos where possible.

h. Remove and make appropriate disposition of all dry cell batteries installed in medical and dental equipment or units, such as flashlights, diagnostic instruments, etc. All articles from which dry cell batteries have been removed shall be so marked, indicating types and number of batteries required to make the articles ready for use. Carry out deficiency procedure for applicable Bureau having cognizance of different types of batteries.

i. Transfer the custody of medical and dental department material retained on board to the Group Commander or custodian designated by him. Transfer to be accomplished on NavMed Form-D (Transfer of Property Custody) modified to read -- "Property as itemized in the "On Hand" column of the REQUISITION and/or ALLOWANCE LIST (NavMed Form-4 Modified)-as of physical inventory of _____ (Insert inventory date)".

(1) Copies to be distributed as indicated on NavMed Form-D as modified below, plus one (1) extra copy, that is:

Original	- to BuMed, Washington 25, D.C.
Duplicate	- for officer or corpsman transferring.
Triplicate	- for officer or corpsman receiving.
Quadruplicate	- to medical or dental department files as appropriate.
Quintuplicate	- to Group Commander (medical and/or dental department staff office).

j. Disposition of Records shall be as outlined in paragraph 12B11, Manual of the Medical Department, 1945. (Disposition of health records shall be in accordance with Part II, Chapter 2, Manual of the Medical Department, 1945.)

(1) Prepare a "Key for return of vessel to Active Status" in triplicate, indicating location of records and specific information relative to each paragraph 3.a. through 3.j. herein. Distribute copies as follows:

(a) Place Original in a conspicuous location in the medical or dental department spaces as appropriate.

(b) Provide the Group Commander with the Second copy.

(c) Forward the Third copy to Bureau of Medicine and Surgery, Attn: Code 4211, Navy Department, Washington 25, D. C. with a copy of inventory records retained on board, copy of inventory of records transferred to Naval Records Management Center, copy of records destruction list and copy of letter of notification.

CARE AND READINESS OF INACTIVATED VESSELS

4. During the period that vessels are in the Reserve Fleets, readiness for return to Active Fleets under conditions of national emergency must be the first consideration.

5. Readiness, security, maintenance and the routine of carrying on preservation measures, inspections, and inventories for all inactivated vessels shall be the function of naval personnel assigned.

6. In general, the work required in medical and dental department spaces of Reserve Fleet Vessels consists of the following:

a. Maintain the required condition of readiness and security of all medical and dental supplies and equipment.

b. Comment on preservation measures with recommendation for improvement in methods, preservation, stowage, and security.

c. Conduct required inventory of supplies and equipment. Make necessary inspections of medical and dental department spaces and report deficiencies noted on inspections.

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d. Retain the following records in a conspicuous place in the medical department spaces in each vessel or in the Group Staff Office at the discretion of the Group Commander (1) Journal of Receipts and Expenditure of Medical Department Property (2) Medical Department Ledgers, and (3) Copies of inventories, surveys, requisitions, invoices and custody vouchers. Retain comparable records for the dental department in dental department spaces or in the Group Staff Office.

7. Six (6) copies of the allowance list required for each Reserve Fleet vessel undergoing shipyard overhaul subsequent to 1 July 1948 will be forwarded to the applicable Group Commander automatically in advance of overhaul each quarter in accordance with the Reserve Fleet Overhaul Schedule (including changes thereto) as approved and distributed by the Chief of Naval Operations. Provided changes in the overhaul schedule occur after the automatic quarterly shipment of required allowance lists and additional quantities are required during that quarter, it will be necessary to request same from Materiel Division, Bureau of Medicine and Surgery, Code 4243, 84 Sand Street, Brooklyn, 1, New York. (Such requests must specify vessel name, type and number, applicable.

8. Procedures for vessels upon first reporting for inactivation will govern for vessels undergoing shipyard overhaul availability subsequent to 1 July 1948 except as hereafter specified:

a. Transfer Custody Vouchers (SandA Form-127) previously accomplished are to be retained.

b. Items in excess of allowance list or Exempted Items on board as result of revision of allowance list, deterioration list, Catalog of Medical Materiel or other reason are to be retained on board for disposition when vessel is activated, provided at that time it is not considered fit or required for future use. (Enter amount of all exempted items of allowance so retained on board in the "On Hand" column. The exact amount of allowance is to be entered in the "Required" column.)

(1) Provided items are retained on board which are no longer included in the allowance lists, such items will be listed on separate allowance list pages and attached to the current allowance list with proper identifying remarks.

c. After a vessel is inactivated, Group Commanders are to assume responsibility for keeping all requisitions up-to-date. The latest requisitions on file in the Naval Medical Supply Depots will be filled and shipped in the event of (1) mobilization (refer to paragraph 9 below), (2) vessels activated for training purposes or, (3) to fill a peacetime Active Fleet requirement. (As revised requisitions are received obsolete requisitions will be destroyed.)

RETURN OF VESSELS TO ACTIVE STATUS

9. Naval Medical Supply Depots, Brooklyn and Oakland will pack and ship the latest deterioration and/or deficiency requisition on file, as indicated, under the following conditions:

a. Automatically, in conformity with Group Commander's latest delivery schedule, in the event vessels are activated in accordance with mobilization plans.

b. Only upon request from the Group Commander when vessels are activated for (1) training purposes or (2) to fill a peacetime Active Fleet requirement. It is mandatory that such request furnish the applicable Naval Medical Supply Depot the desired delivery date and the exact shipping address where material is to be consigned; making (1) Bureau of Medicine and Surgery, Attn: Code 4211, Navy Department, Washington 25, D.C. and (2) Materiel Division, Bureau of Medicine and Surgery, Attn: Code 4243, 84 Sands Street, Brooklyn 1, New York, information addressees. (Four (4) weeks should be allowed to process and effect delivery of material.)

c. Naval Medical Supply Depots will back-order items not in stock. Such items as are not in stock when the initial shipment is made will be retained in a back-order status and shipped when available. At such time as a ship is assigned to a geographical area served by another Medical Supply Depot, existing back-order requisitions will be transferred to newly cognizant Depot and applicable vessel will be notified of such transfer.

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10. The Group Commander or his designated representative shall:

a. Accept delivery of material indicated in paragraph 9 above and insure proper storage (including security storage for narcotics, precious metals, spirits, etc., and refrigerated storage for biologicals).

b. Effect delivery of all material, files and records to the Commanding Officer, or his designated representative, of individual vessels concerned when such personnel become available and when the storage requirements listed above can be provided by the individual vessels.

BuMed Circular Letter No. 48-63

2 June 1948

To: Medical Officers in Command, U. S. Naval Hospitals.

Subj: Training Program for members of Nurse Corps, U. S. Naval Reserve, on active duty for a two-weeks training period.

1. The training program outlined below will be followed for members of the Nurse Corps, U. S. Naval Reserve, who are on active duty for a two-weeks training period. This applies to newly appointed Reserve Nurses and to those with former service.

(a) Lectures and conferences as follows:

- (1) Three hours on Navy Traditions and Customs, Uniform regulations, general information on the administrative structure of the Naval activity including reports and paper work under the nurse's cognizance, and a tour of the naval hospital showing the relationship of the various activities. This should be administered by the Senior Nurse, or her representative.
- (2) One hour on information pertaining to nurse's pay records, given by the Disbursing Officer.
- (3) Attendance at Medical Conferences that are open to the general staff.

(b) Assignment to duty:

It is suggested that these Reserve Nurses be assigned AM duty on an active military ward for the first week and in her speciality for the second week; if she has no speciality, to continue on the military ward.

(c) It is suggested that the newly appointed Reserve Nurses purchase the below uniform equipment with the one hundred dollar uniform allowance:

8 white ward uniforms	1 raincoat
2 caps with band	1 sweater
Proper insignia for ward uniforms	

2. Newly appointed Reserve Nurses assigned to active duty for the indeterminate period will attend the same indoctrination class as members of the Nurse Corps, U.S. Navy, and these Reserve Nurses will purchase the same required uniforms.

3. Upon completion of the two-weeks active duty, a copy of orders with all endorsements shall be forwarded to the Bureau of Medicine and Surgery, Nurse Corps Office, Navy Department, Washington 25, D. C. --C.A. SWANSON

BuMed Circular Letter No. 48-64

3 June 1948

To: MedOfCom, U. S. Naval Hospitals, U. S. Naval Medical Supply Depots, National Naval Medical Center, Bethesda, Maryland, Naval Medical Center, Guam, Marianas Islands.

Subj: Civilian Personnel Officer, request for information in regard to.

Ref: (a) Part 1, Chapter 5, Paragraph 1512, Manual of Medical Department, U. S. Navy.

1. In order to comply with request made by the Office of Industrial Relations, Navy Department, addressees are requested to forward to the Bureau the name, military rank or civilian grade, as the case may be, of the Civilian Personnel Officer at the activities under their command. If the incumbent is a naval officer his immediate civilian assistant should be included. If the incumbent is a civilian his name only and his grade will suffice.

2. This information is requested only in the case of full-time Civilian Personnel Officers and is not desired in case of collateral or part-time assignments. Officers should not be reported as Civilian Personnel Officers in those instances where the responsibility for civilian personnel administration has been assigned as collateral duty of the Personnel Officer in accordance with reference (a). However, his immediate civilian assistant should be reported if employed in civilian personnel work on a full-time basis.

3. Each addressee is requested to keep the Bureau currently informed of any changes in such assignments that may occur after submission of this report.--C. A. SWANSON

BuMed Circular Letter No. 48-65

3 June 1948

To: Special Distribution List.

Subj: Naval Medical Supply Depot, Oakland, California; Mission of.

Ref: (a) CNO ltr Op-40U-aw, NT4-8/A3-1, Serial 383P40, dtd 21 May 1948 to BuMed.

1. In accordance with the authority contained in reference (a), the mission of the Naval Medical Supply Depot, Oakland, California, is as follows:

- (a) To procure, store, prepare for shipment and deliver to transshipment agencies standard medical supplies and equipment for all U. S. Naval and Marine Corps activities and forces of the 11th, 12th and 13th Naval Districts continentally, and for all overseas activities in the Pacific, including Northern and Western Pacific Ocean Areas. Such Medical supply support to be either directly or indirectly through ComSerPac and/or intermediary continental or extra-continental supply activities, as directed by cognizant authorities.
- (b) To procure, store, prepare for shipment, and deliver to transshipment agencies standard medical supplies and equipment for: (1) all West Coast Fleet units, active and reserve, and assigned craft; and (2) to overseas units of the Pacific Fleet, such support to be either directly or indirectly through ComSerPac and/or intermediary continental or overseas supply activities, as directed by cognizant authorities.
- (c) To maintain on hand, in accordance with CNO approval, such reserves of standard medical materials in stock as may be directed by the Bureau of Medicine and Surgery.
- (d) To maintain technical control over all medical stores carried in stock at NSD, Clearfield, Utah, and at NSD, Spokane, Washington.
- (e) To provide facilities for, and accomplish the salvage and repair of medical supplies and equipment.

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- (f) To maintain facilities for, and accomplish the assembly of such Medical Advance Base Components and Field Medical Units as may be directed by the Bureau of Medicine and Surgery.
- (g) To identify and dispose of Navy surplus medical materials under the technical control of the Naval Medical Supply Depot.
- (h) To perform such stores and cost accounting functions as may be directed by the Bureau of Medicine and Surgery.
- (i) To perform additional accounting, incident to proper function of the depot, as may be designated by ComTwelve or other competent authorities, with the concurrence of the Chief of the Bureau of Medicine and Surgery.--C. A. SWANSON

BuMed Circular Letter No. 48-66

8 June 1948

Subj: Advance Change 3-5, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 48-67

9 June 1948

To: Special Distribution List.

Subj: Naval Medical Supply Depot, Brooklyn, N. Y., Mission of.

1. The mission of the Naval Medical Supply Depot, Brooklyn, N. Y. and of the Naval Medical Supply Depot Annex, Edgewater, N. J., is as follows:

- (a) To receive, store, and distribute standard medical supplies and equipment for all U. S. Naval and Marine Corps activities and forces of all continental Naval Districts, except the 11th, 12th and 13th; and for all overseas activities in the Atlantic ocean and European areas.
- (b) To receive, store, and distribute standard medical supplies and equipment for:
 - (1) all East Coast Fleet units, active and reserve, and assigned craft; and
 - (2) all overseas units of the Atlantic Fleet, such support to be either directly or indirectly through ComSerLant and/or intermediary continental or overseas activities, as directed by cognizant authorities.
- (c) To receive, store, and distribute standard medical supplies and equipment for U. S. or foreign government agencies as directed by CNO and BuMed.
- (d) To maintain on hand, in accordance with CNO approval, such reserves of standard medical materials in stock as may be directed by BuMed.
- (e) To maintain technical control over all medical stores carried in stock at NSD, Mechanicsburg, Pa.
- (f) To provide facilities for and accomplish the salvage and repair of medical supplies and equipment.
- (g) To maintain facilities for and accomplish the assembly of such medical advance base components and field medical units as may be directed by BuMed.
- (h) To identify and dispose of Navy surplus medical materials under the technical control of the Naval Medical Supply Depot.
- (i) To organize and instruct the Naval Optical Repair Units.

- (j) To indoctrinate and instruct personnel in the operation and maintenance of units in the echelons of Naval Medical Supply.
- (k) To perform such stores and cost accounting functions as may be designated by BuMed.
- (l) To perform additional accounting incident to proper function of the depot, the Naval Medical Material Office, and the Army-Navy Medical Procurement Office, as may be designated by ComTHREE or other competent authorities, with the concurrence of the Chief of the Bureau of Medicine and Surgery.--C.A. SWANSON

BuMed Circular Letter No. 48-70

17 June 1948

To: Commandants of Naval Districts; River Commands; Fleet, Force, and Area Commanders

Subj: Medical & Dental Technical Equipment Maintenance program, BuMed.

1. The Bureau of Medicine and Surgery is instituting a program of Medical and Dental Technical Maintenance for equipment in naval medical and dental installations. At the present time, Medical and Dental Technical Repair Men are assigned in certain naval districts and vessels of the fleet, in addition to those attached to all naval medical supply depots.
2. It is the intention of the Bureau to assign additional Technical Repair Men as they become available under the cognizance of the commandants of all remaining naval districts, river commands and to ComSerPac and ComSerLant.
3. Due to the limited number of men trained in medical and dental technical repair service, it is imperative that their services be made available to activities and vessels geographically adjacent to their respective locations. Full cooperation by cognizant authorities in providing shop space and transportation, including travel orders where indicated, is desired and necessary in order to insure the success of this program.
4. In order to provide suitable shop arrangements and to make the services more readily available to naval activities, it is the desire of the Bureau that:
 - (a) That commandants of naval districts assign Medical and Dental Technical Repair Men in so far as practicable to activities within their respective districts where shop space and transportation are available, and by appropriate directives inform all activities in the district of the availability of this service and method of obtaining same. Naval districts in which medical supply depots are located can best utilize repair men assigned in the medical supply depot. Accordingly, it is recommended that repair men ordered to the 3rd, 12th, and 14th Naval Districts be assigned to Naval medical supply depots located therein, and their services be utilized by the commandants where needed on a temporary additional duty basis.
 - (b) That fleet commanders assign Medical or Dental Repair Men in so far as practicable, to vessels under their cognizance where shop space is available, preferably repair vessels, or naval medical supply depots, if one is located within the command, and by appropriate directives inform all vessels of the fleet of the availability of this service and of the desired routine in obtaining same.
5. Necessary tools and repair parts required for this program will be provided to East Coast and Atlantic Fleet activities by Naval Medical Supply Depot, Brooklyn; and West Coast and Pacific Fleet activities by Naval Medical Supply Depot, Oakland, for the present. Requests for material should be made on NavMed 4, speedletter, or dispatch, as indicated by urgency of the need, direct to the designated naval medical supply depot. A complete description of items requested must be furnished together with all pertinent data relative to the machine or equipment for which parts are required in order to readily and specifically identify the item in stock or to effect procurement as necessary. All spare parts possessing a manufacturer's parts number or other identifying marking must be completely described. Spare parts and tools required will be invoiced to the naval activity to which the repair man is attached.

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6. Spare parts expended in repair of equipment located at activities other than those to which the repair man is attached, shall be transferred to that activity on TVI, at book value, without exchange of funds. Spare parts used in shop work shall be expended in the appropriate manner by the activity at which the shop is located.

7. The Joint Army-Navy Technical Maintenance Equipment Division is presently engaged in preparing a catalog of necessary tools and spare parts in support of this program. Upon completion of this catalog, each Medical or Dental Technical Maintenance Repair Shop will be furnished a copy together with explicit instructions regarding the method of procurement and accounting for spare parts used in the repair of medical equipment. However, it is expected that preparation of this catalog and establishment of procedures other than those mentioned above will not be effected prior to Fiscal Year 1950.

8. Each Naval Medical or Dental Technical Repair facility shall prepare a monthly letter report of work accomplished, subject: "Summary of Repairs of Electro-Medical and Dental Equipment", and submit same direct to the Naval Medical Material Office, Sands and Pearl Streets, Brooklyn 1, New York. Detailed or individual report of equipment repaired is not desired. However, such data should be kept by each repair unit as a matter of record on which to base above monthly reports and to furnish information on which to establish or revise rates of use of spare parts.--C. A. SWANSON

BuMed Circular Letter No. 48-71

18 June 1948

To: MedOfCom., U. S. Naval Hospitals, U. S. Naval Medical Supply Depots, National Naval Medical Center, Bethesda, Maryland, Naval Medical Center, Guam, M. I.

Subj: Service Record Card for Civilian Employees.

Ref: (a) Office of Industrial Relations, Navy Department ltr OIR:275:GLJ (CPI&D-48-51 DF) of 29 April 1948.
(b) Federal Personnel Manual, Pages RL-45 to RL-51.

1. It has come to the attention of the Bureau that certain hospitals have recently been approached by representatives of private concerns in an attempt to secure orders for a service record card. No orders should be placed with private concerns for service records cards inasmuch as reference (b) prescribes the use of Standard Form 7, Service Record Card, in personnel offices throughout the Federal Government. Reference (a) provides instructions for ordering Standard Form 7 by the Naval Establishment.

2. A Joint Civil Service Commission - Bureau of the Budget Personnel Procedures and Records Group is currently engaged in a program for standardization of personnel forms and procedures in the Federal Service. Since the adoption of standard forms in most instances require their use in the Naval Establishment, activities should not enter into negotiations for the procurement of personnel forms from private concerns or have local personnel forms duplicated without prior approval of the Bureau.

3. Each activity should insure that copies of Civilian Personnel Letters and Dispatches and Navy Civilian Personnel Instructions are routed immediately to the individual responsible for administration of civilian personnel on receipt. Frequently these Navy Department regulations contain instructions for changes in operating methods, as in the case of reference (a), which require immediate attention by the Civilian Personnel Office.-- C. A. SWANSON

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BuMed Circular Letter No. 48-72

22 June 1943

To: MOinC, Naval Hospitals

Subj: Naval Medical History

Encl: (A) HW--Suggested Activities of the Historical Officer at Naval Hospitals.

1. The Naval Medical History and Museum Branch of the Bureau was established after World War II for the purpose of collecting data and preserving items of naval medical historical significance, both of that war and also during the entire history of the Navy. This branch has been engaged, primarily, in the preliminary work of publishing the Navy Medical History of World War II. Now, however, plans are being formulated to prepare monographs that will include, eventually, the entire history of the Navy Medical Department.
 2. To aid in this program and to insure the collection of all possible information about hospitals now existing, it is directed that a suitable officer be designated for additional duty as Historical Officer, by Commanding Officers at each Naval Hospital. Commanding Officers, should, if possible, appoint an officer for this work who has, or is likely to have, a natural aptitude and interest in it.
 3. It is not intended here to give a detailed description of the duties of the Historical Officer, but suggestions of various lines of activity are outlined in Enclosure (A).
 4. Commanding Officers should not dispose of old Medical Department books, documents, or property which may have a historical significance, without prior consultation with the Bureau.
 5. Commanding Officers are invited to consult with the Naval Medical History and Museum Branch of the Bureau, at any time, relative to the work of the Historical Officer.
- C. A. SWANSON

ENCLOSURE (A)

SUGGESTED ACTIVITIES OF THE HISTORICAL OFFICER OF A NAVAL HOSPITAL

1. Preparation of the historical paragraphs of the Annual Sanitary Report.
2. Maintenance of a brief current historical diary of major events concerning the hospital.
3. Preparation of a history of the hospital from old records, maps, charts, newspaper files, and other sources.
4. Search for, listing and preservation of, old records or objects of historical value.
5. Whenever official photographs of personnel or activities concerning medical department personnel are taken, copies should be forwarded to the Naval Medical History and Museum Branch of the Bureau. Commanding Officers are encouraged to photographically document as much of the hospital's activity as is practicable. Copies of transcripts of current local newspaper or magazine items should also be forwarded.
6. Attention should be given to the history of the hospital with relation to the community in which it is situated and a scrapbook of items from the local newspapers would be of value and interest.
7. Information regarding the initial purchase of the site, previous owners, old deeds, and similar matters, are a suggested subject of inquiry.

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BuMed Circular Letter No. 48-73

24 June 1948

To: All Ships and Stations

Subj: Requisitioning, Receipt Procedures, and Establishment of Stock Levels for Medical Stores.

Refs: (a) BuMed Circ. Ltr. 45-23.
(b) BuMed Circ. Ltr. 47-33.
(c) BuMed Circ. Ltr. 47-87.
(d) BuMed Circ. Ltr. 47-109.
(e) BuMed Circ. Ltr. 48-16.
(f) BuMed Circ. Ltr. 44-18.
(g) BuMed Circ. Ltr. 47-60.
(h) BuMed Circ. Ltr. 48-1.
(i) BuMed Circ. Ltr. 48-24.
(j) Art. 1906, Navy Regulations.
(k) Par. 23101, BuSandA Manual.

Encl: (A) Preparation and submission of BuMed Material Requisition NavMed-4.
(B) Procedures to be employed by continental shore facilities in requisitioning nonstandard medical and dental supplies and equipment.
(C) Stock levels of medical stores.
(D) Procedures for receipt of medical and dental supplies and equipment direct from contractor.

1. References (a) through (e) are hereby canceled and superseded by enclosures (A), (B), (C), and (D) effective 1 July 1948. Careful scrutiny and study should be given the above enclosures as many new procedures are made effective thereby.--H. L. PUGH

Enclosure (A) of C/L 48-73

PREPARATION AND SUBMISSION OF BUMED MATERIAL REQUISITION, NAVMED-4

1. Requisitions for medical and dental materials listed in the Army-Navy Catalog of Medical Materiel and for nonstandard medical and dental materials that are to be obtained through naval medical supply depots shall be prepared on BuMed Material Requisition, NavMed-4, in accordance with instructions contained herein, provided that such materials are to be used in the care and treatment of naval and Marine Corps personnel, their dependents, and other authorized personnel. All other requirements for medical and dental materials shall be requisitioned on NavSandA Form 127, NavSandA Form 76, NavSandA Form 44, or other form, as appropriate. Use of NavMed-4 requisitions for the procurement of nonstandard medical and dental materials shall be restricted to ships and extracontinental shore stations only. Such requisitions shall be submitted to the Naval Medical Material Office, Sands and Pearl Sts., Brooklyn 1, N. Y., in quintuplicate.

2. Supplies of NavMed-4, BuMed Material Requisition, are available at the nearest district publication and printing office.

3. The definitions listed below shall be used as determining factors for classification of requirements for requisitioning purposes.

Standard items: All items listed in the Army-Navy Catalog of Medical Materiel, other than "Army Only" items.

Nonstandard items: All medical and dental materials not included in the definition of standard items above.

Medical: Items required for medical use without regard for catalog class.

Dental: Items required for dental use without regard for catalog class.

Supplies: All items indicated by the symbol (X) in the catalog, or comparable nonstandard items.

Equipment: All items not indicated by the symbol (X) in the catalog, or comparable nonstandard items.

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Recurring requirement (for requisitioning purposes only): All item quantities intended for replacement and/or replenishment of like items that do not reflect an authorized increase in basic stock level (see Nonrecurring requirements). Examples: (1) Supplies required to replenish stock expended in operation; (2) supplies and equipment required to replace like items which have been surveyed.

Nonrecurring requirement (for requisitioning purposes only): All item quantities included in initial requirements, commissioning outfits, or authorized activity expansion. Examples:

- (1) Supplies and equipment required to initially establish a medical or dental facility.
- (2) Original commissioning outfits issued to ships and advanced base components.
- (3) Items and quantities thereof required to establish only an original or initial 6-months basic stock of items newly added to the catalog or of standard catalog items not previously stocked by an activity.
- (4) BuMed, CNO, or area commander directed increase in activities' basic stock level. (Identify the directive authorizing the increase.)
- (5) BuMed, CNO, or area commander directed increase in size of activity. List only the item quantities initially required to provide the difference between old and new basic stock quantities required to maintain the prescribed level of supply for the enlarged activity. (Identify directive authorizing the increase.)

4. A separate NavMed-4 requisition shall be submitted for each of the following classifications of requirement:

(a) Medical

Equipment:

- (1) Recurring items of standard equipment.
- (2) Nonrecurring items of standard equipment.
- (3) Recurring items of nonstandard equipment.
- (4) Nonrecurring items of nonstandard equipment.

Supplies:

- (1) Recurring items of standard supplies.
- (2) Nonrecurring items of standard supplies.
- (3) Recurring items of nonstandard supplies.
- (4) Nonrecurring items of nonstandard supplies.

(b) Dental

Equipment:

- (1) Recurring items of standard equipment.
- (2) Nonrecurring items of standard equipment.
- (3) Recurring items of nonstandard equipment.
- (4) Nonrecurring items of nonstandard equipment.

Supplies:

- (1) Recurring items of standard supplies.
- (2) Nonrecurring items of standard supplies.
- (3) Recurring items of nonstandard supplies.
- (4) Nonrecurring items of nonstandard supplies.

(c) Items within each of the above classifications required in emergency or in advance of routine shipments.

NOTE: Naval hospitals and large shore stations when submitting regular replenishment requisitions should submit separate requisitions by classes within the categories listed above. Since nonstandard medical supplies and equipment are procured on NavSandA Form 76 or other forms, as appropriate, by continental activities, lines (3) and (4) of (a) and (b) above apply to ships and extracontinental activities only.

5. Medical supply depots are located at Brooklyn, N. Y.; Oakland, California; Pearl Harbor, T. H.; and Guam, M. I. Establishment and disestablishment of medical supply storehouses will be announced from time to time.

6. The responsibility lists for medical material of naval medical supply depots; naval medical supply storehouses (continental); naval medical supply storehouses (extracontinental); and service-force floating storage (barges, AK, and AKS) are as follows:

- (a) Naval medical supply depots.--All standard items listed in the Army-Navy Catalog of Medical Materiel, except as indicated in the description of specific items within that catalog.
- (b) Naval medical supply storehouses (continental and extracontinental).--The responsibility list for each such storehouse will be published to the field concurrently with its establishment.
- (c) Service-force floating storage (barges, AK and AKS ships).--As determined by the Bureau of Medicine and Surgery. Lists of items stocked may be obtained from such floating facilities.

7. Timely submission of requisitions shall be made in anticipation of needs. Except in emergencies, medical stores shall not be requested by dispatch. To avoid duplication of shipment, confirming NavMed-4 shall not be submitted when medical stores are requested by dispatch.

8. Requisitions for standard medical and dental stores shall be prepared in accordance with the following instructions. All NavMed-4 requisitions for standard medical and dental materials shall be submitted in triplicate, via official channels, to naval medical supply depots or the Naval Medical Material Office, Sands and Pearl Streets, Brooklyn 1, N. Y., as appropriate. The data required in subparagraphs (a) to (u) inclusive shall be entered on each sheet of the requisition.

(a) Classification of requirement--After classifying the requirements in accordance with paragraph 3 above, enter (X) in ballot boxes to the left of the applicable designations under this section. Leave all other ballot boxes blank.

Example: For requirements as classified by paragraph 4(a) (1), enter (X) in ballot boxes to the left of "Medical," "Equipment," "Recurring"; leave all other ballot boxes blank. If all items on a requisition are required in emergency, enter (X) in the ballot box to the left of "Emergency" in addition to other appropriate designations. Emergency requirements shall not be combined with routine requirements.

(b) Requisition No.--Except where inclusion in command or other series is required, requisitions shall be numbered in a separate series for each fiscal year. The medical department shall use the odd numbers of the series, i.e., SD-1-49, SD-3-49, SD-5-49. The dental department shall use the even numbers of the series, i.e., SD-2-49, SD-4-49, SD-6-49. Where inclusion in command or other series is required, requisitions shall be numbered in accordance with applicable directives.

(c) Invoice No. and issue approved by--Leave blank.

(d) Account No. and Code No.--Enter the accounting number assigned the ship or station appearing in the "List of Accounting Numbers for Ships and Stations," published in volume 7 of the Bureau of Supplies and Accounts Manual. This number may be obtained from the supply officer. Leave "Code Number" blank.

(e) Number of dental officers attached (for dental requisitions only)--

(1) Enter under "Total" the total number of dental officers on board.

(2) Under "Operative" enter number of dental officers engaged in operative dentistry.

(3) Under "Prosthetic" enter number of dental officers engaged in prosthetic dentistry.

(f) From--Enter the official name of the requisitioning activity as listed in the Catalog of Navy Activities or Register of Vessels, and the mail address. Vessels shall enter class and number following name. Example: (BB6).

(g) Date--Enter the date requisition is submitted.

(h) To--Enter official name and mail address of medical supply facility to which requisition is submitted.

(i) Shipping instructions--Enter shipping instructions, if applicable.

(j) Delivery required by--Enter required delivery date for other than routing replenishment requisitions.

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(k) Submitted and forwarded--Requisitions shall be signed and submitted by the senior medical or dental department representative (by finance officer at naval hospitals) and forwarded by the commanding officer.

(l) Item No.--Items shall be numbered consecutively, beginning with the figure 1 for each requisition.

(m) Stock No. (for standard items)--The stock number of each item requisitioned, as listed in the Army-Navy Catalog of Medical Materiel, shall be entered in this column. Stock numbers shall be arranged on the requisition in the exact order in which they appear in the catalog.

(n) Item description--List the proper item nomenclature of each item requested opposite the appropriate stock number. A double space shall be left between classes.

(o) Unit--Enter unit of issue on the line opposite item nomenclature in column headed "Unit." Unit shall be designated as listed in the Army-Navy Catalog of Medical Materiel. Example: "Each," "Pkg.," "Bottle," etc.

(p) Maximum stock--Enter the sum of the established "maximum stock" figure plus the quantity of the item that would normally be consumed during the "Replenishment Lead Period."

NOTE (1): The established "maximum stock" figure shall be factored in the manner outlined in enclosure (C) attached hereto.

NOTE (2): Under usual circumstances of supply, replenishment lead periods should be calculated on a basis of 6 weeks from submission date of the requisition to delivery of the material.

(q) On hand--Enter the quantity of the item actually on hand as reflected in the stock ledgers.

(r) On order--Enter quantity previously requisitioned but not received or canceled, including back-ordered quantities which have not been canceled.

(s) Required--Enter the quantity required. This quantity should equal the difference between the figures entered in the "Maximum Stock" column and the sum of the figures entered in the "On Hand" and "On Order" columns. Variations from this formula, other than those required to meet case-lot packagings, must be justified on the basis of actual usage rates for the items. Justification shall be entered on the reverse of the form.

(t) Unit cost--Leave blank, except for requisitions submitted to extracontinental naval medical supply depots. When required, enter unit price for each item as listed in Standard Price Supplement, Army-Navy Catalog of Medical Materiel. The unit price should not be extended.

(u) Page 00 of 00--When the listing of items exceeds one sheet, each sheet of the requisition shall be numbered consecutively. Examples: 1 of 3, 2 of 3, and 3 of 3. The sheets of each requisition shall be assembled in complete sets consisting of all originals, all second copies, etc.

9. NavMed-4 shall be used in the requisitioning of nonstandard medical and dental stores by ships and extracontinental shore-based facilities only. Continental shore stations shall use NavSandA Form 76, or other appropriate forms, in the procurement of nonstandard materials. NavMed-4 covering procurement of nonstandard materials shall be prepared and submitted in accordance with the procedures outlined following:

(a) When medical or dental supplies and equipment are required by a ship or extracontinental activity, and such item (or items) is neither specifically listed with a stock number in the Army-Navy Catalog of Medical Materiel nor obtainable locally through regular purchase methods, NavMed-4 may be submitted to the Naval Medical Material Office, Sands and Pearl Sts., Brooklyn 1, N. Y. via official channels.

(b) The procedure outlined in paragraph 8 for "standard items" shall be followed in the preparation of NavMed-4 requisitions for "nonstandard items," except that the column under "Stock Number" shall be left blank. Nonstandard class number and identification number will be assigned in the Bureau. Although no stock number is assigned by the activity, each representative nonstandard class of items shall be submitted on a separate requisition.

(c) The description of each nonstandard item requisitioned shall include the model number, serial number, electric-current data when indicated, name of manufacturer, estimated unit cost, and such other data as may be obtainable. When replacement

parts or accessories for electrically operated or other equipment are required, an adequate description of the parts, as well as of the item for which the parts are required, shall be furnished. Detailed descriptions for such items and parts are necessary in order that the Central Procurement Agency may accurately determine the exact item that is required. Incomplete descriptions of nonstandard material necessitates needless correspondence and procurement delays. As a general rule, several makes of an item are available in the market, and competitive bidding is required. Therefore commercial catalog references must be construed as descriptive but not restrictive unless sufficient justification is furnished to warrant proprietary purchase. Such justification shall be in accordance with paragraph 14 of reference (k). Each requisition for nonstandard items must also state the justification as to why catalog items will not meet the requirements or answer the purpose for which intended.

10. Transfer requisitions

(a) For shore stations--Items of medical and dental stores deleted from requisitions with symbol "T" will be back-ordered by medical supply depots and issued when the material becomes available. Shore stations shall not rerequisition back-ordered quantities of items. However, additional quantities of back-ordered items may be requisitioned while an item is carried in a back-order status, provided additional requirements for such items exist. Depots may be requested to expedite shipment of back-ordered items at any time.

(b) For ships:

1. Active--Out-of-stock medical and dental stores items will hereafter be back-ordered from all active ship requisitions and will be furnished when available. Ships shall not reorder back-ordered quantities of items. However, additional quantities of back-ordered items may be requisitioned, provided that additional requirements for such items exist. Based on ships' movements, naval medical supply depots will transfer ships' back orders to the appropriate depot in the area to which ships are en route.

2. Reserve--Out-of-stock medical stores items requisitioned by ships of the Reserve Fleets will be handled in accordance with current instructions for requisitions from vessels of the Reserve Fleet.

11. Invoice, NavMed-255--Upon receipt of requisitions (NavMed-4), naval medical supply depots will prepare medical stores invoices, NavMed-255, covering items furnished. Each invoice will show all data pertinent to material furnished, including stock number, item description, quantity, unit price, and total price of items furnished. Distribution of copies of NavMed-255 will be made by the issuing naval medical supply depot, as follows:

- Original: To the requisitioning activity for receipt and transmittal to the Naval Medical Material Office, Sands and Pearl Sts., Brooklyn 1, New York.
- Second: To the Naval Medical Material Office for transmittal to Finance Division, BuMed.
- Third: To the requisitioning activity with the information copy of the bill of lading.
- Fourth: To the Naval Medical Material Office with second copy.
- Fifth: To the requisitioning activity for retention in files-packing copy.
- Sixth: For files of the invoicing depot.

12. Shortages, loss, damage, etc., of medical stores received on Invoice, NavMed-255

(a) Upon receipt of a shipment, if shortage, overdelivery, error, or other discrepancies between invoice and materials received are found to exist, a full report thereof shall be made to the invoicing depot.

(b) Shortages--

1. In instances wherein shortages cannot be verified resultant to compliance with subparagraph (a) above, consignee activity shall take up the stores as invoiced and expend by survey in the manner outlined in article 1906, Navy Regulations.

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2. In instances wherein shortages are verified resultant to compliance with subparagraph (a) above, the invoicing depot will correct the shortage by (1) shipment of the missing material or (2) by providing the consignee activity with a credit invoice in the amount and value of the shortage as applicable.

(c) Overdelivery--

(1) In instances wherein overdeliveries of stores cannot be verified resultant to compliance with subparagraph (2) above, the consignee shall take up the amount and value of the overdelivery as a gain by inventory in the manner directed for inventory adjustments in Manual of the Medical Department.

(2) In instances wherein overdeliveries of stock are verified resultant to compliance with subparagraph (a) above, the invoicing depot will correct the overage (1) by providing the activity with a debit invoice in the amount and value of the overage, provided the consignee can use the materials which comprise the overdelivery, or (2) by directing the return of the overdelivery to the issuing depot on a memorandum transfer voucher.

(d) Loss in transit--Same as paragraph (a) above, and further, comply with "Loss in Transit" procedures outlined in BuSanda Manual.

(e) Damage in transit--If materials received are damaged beyond economical repair or use, expend by survey. If usable, necessary repairs shall be made locally. In either instance, comply with "Damage in Transit" procedure outlined in BuSanda Manual.

(f) Invoice changes--Receiving activities shall not alter or change invoices in any manner, unless authorized to do so by the invoicing depot or the Bureau of Medicine and Surgery.

13. Missing narcotics--In addition to compliance with provisions of paragraph 12 above, consignees shall, in each instance wherein narcotic drugs are stolen, damaged, or missing from a shipment, comply with the instructions contained in reference (f) which, in part, requires that the consignee file a sworn statement of facts, including a list of the narcotics stolen, lost, or destroyed, with the nearest Narcotic District Supervisor.

Enclosure B (Revised 12-48 by C/L 48-143) of BuMed Circ. Ltr. 48-73

PROCEDURES TO BE EMPLOYED IN REQUISITIONING NONSTANDARD
MEDICAL AND DENTAL SUPPLIES AND EQUIPMENT

General instructions

1. All purchase requisitions, Forms NavSandA 76 and 44, requiring the approval of the Bureau of Medicine and Surgery shall be submitted direct to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C., with the exception of those originated by activities under the cognizance of requisition-control agencies. Those excepted activities shall submit Forms NavSandA 76 and 44 to the appropriate requisition-control agency for processing and transmittal to the Bureau of Medicine and Surgery.
2. All requisitions shall show the station accounting number, expenditure account number, object classification, and the applicable program allotment number. Where more than one program allotment number is involved, both numbers are to be inscribed, with the applicable "charge," i.e. medical or dental, after each. All annual requisitions shall indicate "various" under expenditure account number.
3. All purchase requisitions other than annual purchase requisitions shall have entered on the face a statement to the effect that (1) cost thereof will or will not require an increase in the allotment of the activity and (2) specific requisitions shall be inscribed to indicate whether or not the materials requisitioned are budgetary if the requisitioning activity has previously furnished BuMed with an annual estimate of expenditures.

Procurement of nonstandard medical and dental supplies and equipment

4. The use of NavMed-4 by continental field activities, hospital ships, and the following extracontinental medical activities--medical centers, naval hospitals, naval research units, dental clinics, and medical supply depots--to initiate purchase of nonstandard medical and dental items obligating the medical stores allotment of the Bureau has been discontinued except in emergencies. In general, nonstandard medical and dental supplies and equipment classifiable under subobjects 0891, 0892, 0991, 0992, and 0993 shall be procured on the appropriate NavSandA form chargeable to the program allotment of the requisitioning activity. Items that are procurable under activity annual sundry requisitions are excluded from the provisions of this directive.
5. After processing by the Bureau, the purchase requisitions for nonstandard medical and dental supplies and equipment will be forwarded to the appropriate procurement office where procurement will be instituted. The appropriate activity will be furnished all necessary purchase documents required in making payment chargeable to the applicable program allotment.
6. In order to facilitate procurement, it is directed that future requisitions for nonstandard medical and dental supplies and equipment list each class of items paralleling the Army-Navy Catalog of Medical Material on a separate requisition. Bids for items requisitioned will not be referred to the requisitioning activity unless they are greatly out of line with the estimated cost shown on the requisition. However, in case of question of substitution or technical differences on an item requisitioned, the requisitioning activity will be requested to advise the procurement office of the desired action to be taken.
7. The description of each nonstandard item requisitioned shall be complete and shall include, if applicable, the model number, serial number, electric-current data when indicated, name of manufacturer, estimated unit cost, and such other data as may be obtainable. When replacement parts or accessories for electrically operated or other equipment are required, an adequate description of the parts, as well as of the item for which the parts are required, shall be furnished. Detailed descriptions for such items and parts are necessary in order that the procurement agency may accurately determine the exact item that is required. Incomplete descriptions of nonstandard material necessitate needless correspondence and procurement delays. As a general rule,

several makes of an item are available in the market, and competitive bidding is required. Therefore, commercial catalog references must be construed as descriptive but not restrictive unless sufficient justification is furnished to warrant proprietary purchase. Such justification must always include the standard proprietary purchase clause signed by the commanding officer. Each requisition for nonstandard items must also state the justification as to why catalog items will not meet the requirements or answer the purpose for which intended.

8. It is mandatory from the standpoint of economy that purchase requisitions submitted for central procurement be of sufficient monetary value and of such nature as to preclude procurement under local sundry purchase requisition.

9. Instructions contained herein govern procedures to be followed when charges for materials are against the requisitioning activity program allotment and shall not be confused with instructions contained in enclosure D, which outlines the procedures that are to be followed for the receipt of medical stores when the obligation is a proper charge to the medical stores allotment of the Bureau. The method of direct delivery outlined in enclosure D remains in effect to cover emergency issues, contingencies, and direct delivery of equipment from contractor to consignee activity when such action is deemed necessary by the Bureau.

10. In order to continue the expediting of supply, ships (except hospital ships) will continue, as in the past, to requisition nonstandard medical and dental supplies and equipment (0891, 0892, 0991, 0992 and 0993) on NavMed-4 requisition.

Enclosure (C) of C/L 48-73
STOCK LEVELS OF MEDICAL STORES

1. Effective immediately, stock levels of Army-Navy Catalog of Medical Materiel items, as outlined following, are established for ships and stations, except for naval medical supply depots and medical stores sections of naval supply depots.

2. In compliance with current instructions, there shall be maintained in all Medical Department activities, except naval medical supply depots and medical stores sections of naval supply depots, a perpetual record of the inventory for each item of supplies and equipment carried in stock. This record shall be maintained on NavMed-W or other appropriate form. Minimum quantity, maximum quantity, order point, and average annual rate of use shall be recorded in these records for each item carried in stock.

3. The minimum and maximum quantities shall be defined as follows:

a. Ships--Ships (including hospital ships) of the active fleets shall maintain on hand a stock of supplies not less than the minimum quantity nor greater than the maximum quantity. Minimum and maximum quantities are hereby established as follows:

(1) Supplies (expendable)

(a) Minimum quantity--One-half the quantity listed in the current Medical and/or Dental Commissioning Allowance Lists, or 6-months supply at the current average annual rate of usage plus Reserve Quantity, whichever is greater, except items subject to deterioration. Items subject to deterioration shall be maintained to cover limited requirements, not in excess of half the life expectancy of the item at current rate of use. (Items subject to deterioration are indicated by the symbol "D" in the Notes Column of the Army-Navy Catalog of Medical Materiel, 1947.)

(b) Maximum quantity--The quantity listed in the current Medical and/or Dental Commissioning Allowance Lists, or 12-months supply at the current average annual rate of usage plus Reserve Quantity, whichever is greater, except for items subject to deterioration, provided that such quantities do not cause the weight and space limitations established by BuShips to be exceeded.

(2) Equipment (nonexpendable)

(a) The "on board" allowance of equipment shall be maintained in accordance with the current Medical and/or Dental Commissioning Allowance Lists.

Example: An order point shall be established for each item of supplies. The amount shall be: Three-fourths of the Maximum Quantity. Using a hypothetical item having an established Maximum Quantity of 120, the Order Point and Minimum Quantity are determined as follows:

- 120 Maximum Quantity (12-months supply, including Reserve Quantity);
- 90 Order Point, three-fourths of 120 (9-months supply, including Reserve Quantity);
- 30 Amount required to attain maximum stock (120-90 = 30);
- 60 Minimum Quantity, one-half of 120 (6-months supply, including Reserve Quantity).

Thus, 90 is the Order Point and 30 are required to attain maximum stock. When requisitioning, consideration should be given to planned itinerary and operation. When such requires deviation from above formula, proper notation shall be entered on the reverse side of NavMed-4 requisition. The current Medical and Dental Commissioning Allowance Lists have been revised from time to time as result of recommendations from the fleet and experience gained during World War II. Reserve Quantities are included in the Medical Allowances to equip (1) First-Aid Boxes; (2) First-Aid Chests or Lockers; and (3) Battle Dressing Stations to provide wide dispersion of supplies and equipment in event of serious emergencies. In order to present a true On Hand quantity, unopened or whole units, containers, packages, bottles, etc. of material stored for emergency use as indicated above, is to be factored into the "On Hand" quantity when requisitioning supplies and equipment. Such material is not to be expended from the

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ledger. It shall be reflected "On Hand" and the location entered on the applicable ledger sheet.

b. Shore stations

(1) Minimum stock.--Three-months supply at the current annual rate of use as applied to the patient load or personnel complement to be provided for.

(2) Maximum stock.--Six-months supply at the current annual rate of use as applied to the patient load or personnel complement to be provided for.

c. Order point.--An order point shall be established for each item required. This amount shall be: Minimum quantity plus the quantity estimated to be consumed during the replenishment lead period. Quantities requisitioned shall equal the difference between the stock on hand and on order figure and the maximum quantity figure plus the quantity that would ordinarily be consumed in the stock replenishment period.

d. Average annual rate of use.--The average annual rate of use will be revised annually, at the close of each fiscal year, or more frequently if variations in usage trends are apparent. The net expenditure to use may be determined by deducting transfers and surveys from the total expenditures during the preceding period.

4. This directive shall not be construed to prescribe stock levels for catalog items not required by an activity.

5. Within continental limits, the Medical Department reserves of medical stores for contingencies will, in general, and unless otherwise directed, be maintained in naval medical supply depots and elements of the medical supply system.

6. Stocks in naval medical supply depots and in medical stores sections of naval supply depots are controlled directly by the Bureau of Medicine and Surgery, through the Naval Medical Material Office, and the levels thereof will be determined by current logistic plans.

Enclosure (D) of C/L 48-73

PROCEDURES FOR RECEIPT OF MEDICAL AND DENTAL SUPPLIES AND EQUIPMENT DIRECT FROM CONTRACTOR

1. Direct delivery of medical and dental supplies and equipment from the contractor will be used primarily by the Bureau in cases of emergency purchase or when direct delivery of large quantities of standard items to an activity is indicated.

2. The changes, represented herein, are necessitated by revised methods of shipment which now include F.O.B. Origin and F.O.B. Destination and, in addition, certain changes relative to distribution of the vendor's shipping document, method of invoicing and acknowledgement of the receipt of medical stores received direct from contractor.

(a) Method of invoicing--Invoicing on NavMed-255 will be accomplished by Naval Medical Supply Depot, Brooklyn, N. Y. for all continental activities. Invoicing of medical stores received by elements of the medical supply system for extracontinental activities will be accomplished by the receiving naval medical supply depot.

(b) Disposition of vendor's shipping documents--Vendor's Shipping Documents will be disposed of as outlined in paragraph 6 according to the method of shipment specified in the contract which will be either F.O.B. Origin or F.O.B. Destination.

3. Actual procurement will be effected through the Army-Navy Medical Procurement Office for delivery from the contractor direct to the activity, except that extracontinental activities will continue to receive nonstandard medical stores through Naval Medical Supply Depots, Brooklyn or Oakland, as appropriate.

4. The appropriation allotment for medical stores granted the Army-Navy Medical Procurement Office and not the local allotment of the activity will be charged for this type purchase. The public voucher in payment will be prepared by the Army-Navy Medical Procurement Office on the basis of the receiving report submitted by the receiving activities.

5. One copy of the purchase order (ANMPO-19) or supply contract (ANMPO-20) will be furnished the activity by the Army-Navy Medical Procurement Office. Such order or contract will bear, for information purposes only, the requisition number and the BuMed activity code number. If more than one contractor is involved in furnishing material on a requisition, separate orders or supply contracts will be issued for each contractor involved. The naval medical supply depot involved will be furnished one copy of the procurement directive, one copy of the NavMed-4 requisition, and one copy of purchase order or contract as applicable for each requisition covering medical stores purchased for extracontinental activities.

6. Vendor's shipping documents will be forwarded to the requisitioning activity from one of two sources as follows:

a. Vendor's shipping document forwarded direct from ANMPO

(1) Blank copies Nos. 5, 6, 7, 8, 9, 10, and 11 of the vendor's shipping document will be mailed direct to the requisitioning activities from the Army-Navy Medical Procurement Office with a copy of the contract when:

(a) The purchase is considered to be of an emergency sundry nature and it would be impracticable to demand that a contractor process a vendor's shipping document.

(b) The contract contains all necessary data to allow shipment by the contractor without supplementary information normally furnished by the vendor's shipping document.

(c) Government bills of lading are not to be furnished.

(d) Source inspection by inspectors of naval material is not to be performed.

(2) In this instance, and upon receipt of the material, the receiving activity complete the vendor's shipping document by typing in the following information in the assigned blocks:

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- (a) Contract or purchase order number;
- (b) Contractor and address;
- (c) Receiving activity (in box headed "Ship to");
- (d) Item number as shown on contract, description of the item (including stock number), unit of measure, unit price as indicated on the contract, price extension, and the quantity received.

(e) All copies shall be signed in block headed "Articles shown in column 11 were received in good condition except as noted" in each instance wherein material is in accordance with the contract requirements. Upon receipt of the material, only those items which are accepted, inspected, and passed will be reported as received on the vendor's shipping document. Those items which are received in unacceptable condition will be set aside, held by the activity, and a letter report shall be made to the Army-Navy Medical Procurement Office setting forth the condition of the material in detail and requesting instructions. Vendor's shipping documents for items not meeting the requirements of the contract shall be held in abeyance pending instructions from the Army-Navy Medical Procurement Office.

(f) All copies of the vendor's shipping document covering accepted items shall have certificate one, reading: "I certify that the articles shown in quantity received column have been inspected by me or under my supervision and have been accepted as conforming to contract requirements," signed by a responsible officer of the receiving activity.

b. Vendor's shipping document forwarded jointly by ANMPO and the contractor (or inspector of naval material)

(1) When it is necessary for Army-Navy Medical Procurement Office to issue vendor's shipping documents to the contractor (or inspector of naval material) the copies of the vendor's shipping document received by the requisitioning activity will vary (depending on the delivery terms of the contract) as follows:

(a) When purchase is made F.O.B. Point of Origin (contractor's plant), inspection and acceptance to be accomplished at point of origin, five copies of the vendor's shipping document will be received by the requisitioning activity; copies 5 and 6 with the shipment, and copy 7 by mail from the contractor (or inspector), and copies 10 and 11 from Army-Navy Medical Procurement Office by mail.

(b) When purchase is made F.O.B. Destination, seven copies of the vendor's shipping document will be received by the requisitioning activity; copies 5 and 6 with the shipment, copy 7 (and if source inspection is conducted, copies 8 and 9) by mail from the contractor (or inspector) and copies 10 and 11 (and if source inspection is not conducted, 8 and 9) from Army-Navy Medical Procurement Office by mail.

(2) When the vendor's shipping document is processed as described in this paragraph (6b) it will be partially completed and when source inspection has been conducted by the inspector of naval material, certificate I, described above, will have been signed by the inspector. The requisitioning activity will be required to fill in the "quantity received" column and affix the signature as described in paragraph 6a (e) and (f) above, except that, if certificate one has been signed by the inspector of naval material, certificate five, reading: "I certify that I have accepted the articles shown in quantity received column," will be signed in lieu of certificate one.

c. Disposition of vendor's shipping documents will be made as follows:

- (1) Copy 5 will be retained by the requisitioning activity.
- (2) Copies 6 and 7 will be mailed to the Naval Medical Supply Depot, Sands and Pearl Streets, Brooklyn 1, New York.
- (3) Copy 10 (and copies 8 and 9 when received as indicated above) will be mailed to Commanding Officer, Army-Navy Medical Procurement Office, 84 Sands Street, Brooklyn 1, N. Y.
- (4) Copy 11 will be mailed to Naval Medical Material Office, Sands and Pearl Streets, Brooklyn 1, New York.

7. It is imperative that the vendor's shipping documents be accomplished expeditiously.

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tiously by continental activities exactly as outlined in paragraph 6 above in order that proper payment may be made to the contractor and discounts obtained.

8. In certain instances where large quantities of standard items of equipment are involved, direct shipment to continental medical activities from the contractor may be directed by Materiel Division, Bureau of Medicine and Surgery. In such cases, the disposition of vendor's shipping documents shall be as outlined in paragraph 6(c) above. The primary accounting document will be NavMed-255, prepared by the Naval Medical Supply Depot, Brooklyn, N. Y. as outlined for nonstandard items.

9. The Chief of the Bureau of Medicine and Surgery and the Surgeon General, U. S. Army, have accepted the offer to the Army-Navy Medical Procurement Office of the field inspection facilities of the Material Inspection Service, U. S. Navy. Inspection of medical supplies and equipment, with certain exceptions purchased for the Medical Departments of the Army and Navy is being performed by the Material Inspection Service, U. S. Navy, as provided for in each specific contract or order.

10. Acceptance of all incoming shipments of medical stores under a contract or order which provides for inspection by the Material Inspection Service will be predicated upon the following:

(a) Shipments identified by the "Anchor" stamp: Shipments identified by "U.S.N." stamp, which signifies qualified acceptance, will not be accepted and placed into stock until receipt of notification from the Material Inspection Service on Form NIS-40, report on material stamped "U.S.N.". Upon receipt of this form, receiving activities will accept shipments providing material is reported acceptable by the Material Inspection Service and the material meets the requirements of paragraph 10(a) above. "U.S.N."--stamped material signifies that laboratory or other type examination has not been reported on at time of shipment and the material has been inspected for packaging, packing, marking, etc. On the consignee's copies of the vendor's shipping document accompanying all "U.S.N."--stamped shipments, the inspectors will indicate the reason for the release of the shipment, such as "urgently needed, shipped prior to laboratory examination," or words to that effect.

11. When source inspection by inspectors of naval material is not designated in the contract, determination will be made by the Army-Navy Medical Procurement Office as to whether samples of the delivered material are to be submitted to the Army-Navy Medical Procurement Office Laboratory for test. Such sampling instructions will be given to receiving activities by forwarding of Laboratory Sampling Instructions (Form ANMPO-164). If it is required that samples be submitted for laboratory test, receiving activities will not accomplish receiving reports until in receipt of a laboratory report (Form ANMPO-59) indicating disposition of material. If sampling is not required by the Army-Navy Medical Procurement Office, complete examination to determine acceptability of delivered material will be made by the receiving activity. In the event the receiving officer determines that a laboratory examination beyond the capacity of the receiving activity is necessary to determine whether or not material is acceptable, representative samples may be submitted to Army-Navy Medical Procurement Office for laboratory examination.

12. All correspondence relating to inspection of medical stores procured under cognizance of the Army-Navy Medical Procurement Office shall be directed to the Commanding Officer, Army-Navy Medical Procurement Office, 84 Sands Street, Brooklyn 1, N.Y., with an information copy to the Naval Medical Material Office, Sands and Pearl Streets, Brooklyn 1, New York.

13. The instructions contained herein are not to be confused with the procedure of enclosure (B), herewith, which defines the method and procedures in requisitioning. Nonstandard medical and dental supplies and equipment in which the funds of the requisitioning activity are obligated.

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BuMed Circular Letter No. 48-75

7 July 1948

To: Special Distribution List

Subj: U. S. Naval Medical Material Office, Brooklyn, N. Y., Mission of.

1. The U. S. Naval Medical Material Office, Brooklyn, N. Y., has been established, and shall perform the following functions in accordance with the management and technical directives of the Bureau of Medicine and Surgery, Materiel Division.

- (a) Perform Medical Department supply and related functions, including:
 - (1) Develop medical and dental material allowance lists and revisions thereof for naval vessels, stations, and special activities; and recommend establishment and modification of activity stock levels of medical and dental materials.
 - (2) Develop data pertaining to cataloging and specifications of medical and dental material.
- (b) Prepare detailed estimates of medical and dental material requirements for the operation of Medical Department facilities, based on policies established by the Materiel Division.
- (c) Prepare periodic Supply-Demand reviews of medical and dental material as required by effective management practices.
- (d) Initiate procurement of medical and dental material based on Supply-Demand reviews.
- (e) Assist in the preparation and correlation of data required to support budgetary estimates of the Medical and Dental Stores Program.
- (f) Maintain stock and inventory control of medical and dental material at all primary distribution points, and control of distribution of such material to, from, and between these points.
- (g) Maintain books of account for receipts, expenditures and balances of medical and dental material of all elements of the Medical Department Supply System.
- (h) Develop and promulgate to elements of the Medical Department Supply System Instructions for stock control and reporting, and for the receipt, inspection, stowage, preservation, assembly, issue, distribution, salvage, and repair of medical and dental material.
- (i) Maintain plant account records for all Medical Department activities.
- (j) Perform such additional accounting functions as may be designated by COMTHREE with concurrence of the Chief of the Bureau of Medicine and Surgery.

--C. A. SWANSON

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BuMed Circular Letter No. 48-76

9 July 1948

To: All Ships and Stations

Subj: Procurement of Army Publications.

Ref: (a) BuMed Circ. Ltr. 44-57.

1. Reference (a) is hereby canceled and superseded by this letter.
2. The list of Army publications published in reference (a) is obsolete and should not be used for ordering publications.
3. Medical-department activities may obtain Army publications by sending a written request to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C. If an Army Publications Catalog is available these requests should give the Army catalog number, title, and date of publication.--C. A. SWANSON

BuMed Circular Letter No. 48-77

12 July 1948

To: All Stations having Dispensaries or Dependents' Services.

Subj: Services for Crippled and Handicapped Children.

1. Herewith is quoted, in part, a letter received from the U. S. Children's Bureau of the Federal Security Agency, which contains information of value in presenting services available in the care of crippled and handicapped children.

" additional information regarding State programs of services to crippled children, with particular reference to specific procedures to be followed to obtain benefits for handicapped or crippled children who are dependents of military personnel.

"All of the States and Alaska, Hawaii, Puerto Rico, the Virgin Islands and the District of Columbia have in operation programs of services to handicapped children financed in part by State funds and assisted by Federal grants-in-aid under the Social Security Act, Title V, Part 2. These grants-in-aid are administered on the Federal level by the Children's Bureau, but the programs of service are administered by an official agency designated by the State.

"State programs for crippled children include services for locating crippled children; the diagnosis of the condition of such children; treatment services including medical care; care in hospitals, convalescent homes or medical foster homes, appliances, and after care; and the development, strengthening and improvement of standards and services for crippled children in the State.

"Under the Social Security Act, children with any type of handicapping condition could be provided services, but limitations of funds, trained personnel and adequate facilities have made it generally impossible for the States to provide services to children on such a broad case. Consequently each State has its own administrative definition of a "crippled child". All States include in their administrative definition children with handicapping conditions that require orthopedic treatment and most States include children in need of plastic surgery. Twenty-five States provide services to children with rheumatic fever, but generally services to such children are made available only to limited areas of the State. About twenty States provide services to children with a variety of eye conditions, chiefly severe conditions that require surgery for their correction. A few States have limited programs for children with hearing defects. All of the States provide some service to children with cerebral palsy, but few have been able up to this time to approach the goal of providing well-rounded integrated services to children who have this complicated health, social and educational problem. A few States are broadening their administrative definition more and more toward the end of making services available to any child with a chronic

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disease or physical handicap.

"If the child's medical condition is thought to be one that is included in the State's definition of a crippling condition, the child may receive diagnostic services, including hospitalization for diagnosis if needed, without regard to the economic status of the family, legal residence or other factors.

"After the diagnosis has been made and the child is found to have a medical condition that comes within the definition of the State agency and one that requires treatment, the State agency decides whether or not the child can be given treatment services under the State program. In most States the question of whether the family can pay for the needed services is taken into consideration in making this decision, although in a few States services are available to any child without regard to the economic status of his family. Such a decision is generally based on the estimated cost of needed services in light of the family's social and economic status, and the decision is made by the official State agency. In about a dozen States court action is necessary before the eligibility of a child for treatment services can be determined. Legal residence in the State or in a county is required in some States. Other factors enter into the decision as to eligibility of the child for services in individual States -- such factors as prognosis, mental status. Federal funds for services for crippled children cannot be expended for individuals after they reach their 21st birthday.

"It will be clear to you in light of this discussion that in order to find out whether a particular child with a handicapping condition could receive care under a particular State crippled children's program it would be necessary to inquire from the State agency. It would seem to me highly desirable if the medical staffs engaged in dependents' care would get in touch with the official State crippled children's agency in the State in which they are located in order to get more specific information as to the kinds of handicapping conditions included in the State's definition of crippling, - the procedures for referring children, the availability of diagnostic clinics and services, and the like.

" services provided by State Health Departments in their Maternal and Child Health programs might also have implications for mothers and children who are dependents of military personnel. Services under State Maternal and Child Health programs vary a good deal State by State but commonly include prenatal care, health supervision of infants and children, and other services for the promotion of health and prevention of illness. Many health departments also furnish medical, dental, nursing, and hospital care to a limited number of mothers and children, in special circumstances or in particular areas.

" there may be special problems in the provision of health services to mothers and children who are dependents of military personnel under State programs of services to crippled children and of maternal and child health services. These problems may be related to failure of the State agencies to make their services known to auxiliary posts, situation of the posts remote from civilian medical centers in some cases, restriction of services to legal residents in some State, separation of some handicapped children from their families in some instances where medical treatment can best be given in a locality away from the place where the father is assigned for duty, interruption of long-term medical care where a family is assigned to a new location, and other factors.

"We would hope that the medical staffs engaged in dependents' care would report problems that they find in securing services for children so that you could acquaint us with them. We would then be in a position to make recommendations to State Maternal and Child Health and Crippled Children's agencies regarding ways of meeting such problems."

2. Any difficulty in obtaining services as outlined above should be reported to the Bureau of Medicine and Surgery so that it may be taken up with the Federal Children's Bureau.--C. A. SWANSON

BuMed Circular Letter No. 48-78

14 July 1948

To: District Medical and Dental Officers

Subj: Addressograph Plates for Inactive Reserve Officer Personnel of the Medical Department, Maintenance of.

Ref: (a) PERS-1D4-mmj, Serial F-738 ltr 27 April 1948 to Comdts., All NDs; Comdt, PRNC; and Chief, Naval Air Reserve Training.

1. In accordance with current instructions Naval Districts are now maintaining addressograph systems for all inactive Naval Reserve personnel under their cognizance.
2. Reference (a) outlined the steps to be taken to provide for the verification of address of all Reservists.
3. In order that the addressograph system for inactive Reserve officers of the Medical Department may be utilized to the fullest extent possible, it is requested that addressees make arrangements with the district office having cognizance of the addressograph system to provide for the segregation by corps of those addressograph plates maintained for inactive Reserve officers of the Medical Department.
4. Addressees should maintain close liaison with the cognizant district office to assure that these addressograph plates are kept on a current basis and are in agreement with other personnel records of Reserve officer personnel of the Medical Department retained in the district.
5. An addressograph system of current home addresses for Reserve officer personnel of the Medical Department, segregated by corps, should be of assistance to addressees in the performance of their functions pertaining to the Reserve program and will be of material value in keeping the records of the District and of the Bureau in agreement.
6. Upon the completion of segregation and of the verification of address as outlined in ref (a), an addressograph listing by corps should be forwarded to the Bureau of Medicine and Surgery by 1 September 1948. Those officers whose home address cannot be verified should be indicated either on this listing or on a separate listing. This Bureau will make every effort to locate such officers and will transmit the information obtained to the appropriate district.--C. A. SWANSON

BuMed Circular Letter No. 48-79

15 July 1948

To: MedOfCom, U. S. Naval Hospitals; National Naval Medical Center, Bethesda; Naval Medical Center, Guam; Naval Supply Depots, Brooklyn, N. Y. and Oakland, California.

Subj: Civilian Personnel Administration in Medical Activities.

Refs: (a) Manual of the Medical Department, Part I, Chapter 5, Paragraph 1512 and Part IV, Chapter 2.
(b) BuMed Circular Letter 47-118.
(c) Navy Civilian Personnel Instruction 125.

1. Navy Civilian Personnel Instruction 125 sets forth the basic organization for dealing with Navy civilian personnel matters. In conformance with this Instruction, the Bureau desires to adopt, within each addressed medical activity, an overall program and uniform organization to execute civilian personnel functions.
2. Owing to the non-industrial nature of medical activities and the relatively small number of Medical Department civilian employees, it is considered that NCPI 125.5-1b is pertinent. The purpose of this circular letter is to clarify and provide uniformity in existing instructions, particularly paragraphs 1512.1 and 1512.4 inclusive, of Part I, Chapter 5, of the Manual of the Medical Department, which are hereby amplified.

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3. Under the direction of the Personnel Officer, a civilian personnel office shall be established as a Section of the Personnel Division of each of the addressed medical activities. At the larger activities, having more than 200 civilian employees, this Section shall be headed by a technically qualified civilian employee and shall be staffed by such personnel as necessary to carry out the functions of the office. This Section shall have responsibility for those functions and duties directly related to civilian personnel administration as prescribed by the command for carrying out the provisions of Naval Civilian Personnel Instruction 125 and other directives.

4. The Civilian Personnel Section shall develop or amplify current practices governing the technical aspects of personnel management. Its primary function is planning and executing programs for recruitment, placement, training, civilian safety practices, wages and classification, employee relations, record keeping, and other services to execute the established policy determinations and procedures of the Navy Department and the command. Emphasis is to be placed upon the general functions as prescribed by NCPI 125.5-2a.

5. This Section shall maintain copies of NCPI; Civil Service Commission Regulations; State Laws pertaining to workers in Government positions; District Civilian Personnel Office memoranda, and all other official publications required in conduct of the business of the Section.

6. In those activities employing more than 300 civilian employees, determination shall be made by the command as to whether the training supervisor provided for in reference (b) shall be required in addition to the head of the Civilian Personnel Section.

7. Information concerning work requirements, personnel utilization, operating practices, employee skills and efficiency, and other basic functions of personnel management for effectiveness and compliance with established policies of the activity will be maintained by the Civilian Personnel Section and made the subject of prepared memoranda for information of the Personnel Officer and for transmission to the command.

8. At those Medical Department activities employing less than 200 civilian employees, the Personnel Officer shall set up a Civilian Personnel Section staffed by employees qualified to assist him in carrying out, commensurate with the size of the activity and the number of civilian employees, the civilian personnel duties prescribed in paragraph 1512 of the Manual of the Medical Department and in other directives, including this circular letter.

9. The head of the Civilian Personnel Section must have had successful training and experience that would demonstrate a practical knowledge and understanding of progressive personnel administration; a clear knowledge of laws, regulations, policies and decisions affecting Navy Department civilian personnel, and sound judgment in analyzing personnel problems and in making recommendations for their solution.

10. In order that the Bureau can evaluate the hospital's planned civilian personnel program the hospital shall submit the description of duties of the head of the Civilian Personnel Section to the Bureau for prior approval before submission to the Area Wage and Classification Office for allocation. The hospital shall also submit a Standard Form 57, outlining the qualifications of the candidate proposed for the position. It is the policy of the Bureau to promote from within the organization whenever feasible. Accordingly, the hospital should give serious consideration to all present employees who will meet the minimum Civil Service Commission qualification standards for the position.

--C. A. SWANSON

48-80

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BuMed Circular Letter No. 48-80

26 July 1948

To: All Ships and Stations

Subj: Procedures for Applying Requisition Priority Indicators.

Refs: (a) BuSandA ltr. L8-2(1)/DM-30C, PPW, of 20 Jan. 1948; Item 48-58 of N.D. Bull. of 31 Jan. 1948.
(b) BuSandA ltr. L8-2(1) (S-111/JPB:ms), of 16 June 1948; Item 48-485 of N.D. Bull. of 30 June 1948.

1. The "General Instructions on Procedures for Applying Requisition Priority Indicators", (enclosure (A) to reference (a)), as modified by reference (b), shall be implemented and carried out by Medical and Dental Department activities in the preparation and submission of all requisitions, including requisitions by dispatch.
2. Activities coming under the jurisdiction of fleet commanders shall comply with the specific procedures established by the cognizant command regarding screening of priority A and B requisitions.
3. Priority A and B requisitions originating from continental medical or dental activities will not be screened. However, supplying activities shall, after processing the requisition, report any apparent misassignment of priority indicators to BuMed for action.
4. Addressees are enjoined to base assignment of priority indicators on a realistic basis in order to derive full benefit from the procedure. Violators will not only harm themselves, but will cause hardship and very possibly physical discomfort for the sick and wounded by misuse. Consequently, it is intended to take necessary corrective measures in cases of violation of the procedures established.--C.A. SWANSON

BuMed Circular Letter No. 48-81

26 July 1948

To: All Medical Department Activities

Subj: Standard Transfer Order; Use of.

Ref: (a) Navy Dept. Bull. All Ships and Stations Ltrs., Jan-Jun 1947, Item 47-108, p. 415.

1. The Standard Transfer Order, NAVPERS-563/NavSandA Form 536 is now in general use. Reference (a) gives the authority and detailed directions for use of this consolidated standard form.
2. The following NAVMED forms are hereby cancelled and shall be disposed of locally:
 - HF-3, Transfer of Men
 - HF-4, Order to Transfer Accounts
 - HF-5, Order for Transfer of Men
 - HF-7, Order for Transportation
3. The Standard Transfer Order should be requisitioned from either the Publications Supply Depot, Naval Supply Center, at Oakland, California or Norfolk, Virginia, as applicable.--C. A. SWANSON

BuMed Circular Letter No. 48-82

28 July 1948

To: NavHosp and Stas having Medical Dept. Installations (continental)

Subj: Prosthetic Appliances Board; Disestablishment of.

Refs: (a) BuMed Circular Letter No. 45-24.
(b) Par. 5134, MMD.

1. Refs. (a) and (b) are hereby cancelled. Ref. (b) will be deleted in the next advance change or page change to the Manual of the Medical Department.--C.A. SWANSON
- RESTRICTED

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48-83

BuMed Circular Letter No. 48-83

28 July 1948

To: All Offices of Naval Officer Procurement

Subj: Aviation Classification Tests, Instructions concerning.

1. At each office of Naval Officer Procurement where a Flight Surgeon or Aviation Medical Examiner is assigned, he will be responsible for the administration of the Flight Aptitude Tests (Aviation Classification Test, Mechanical Comprehension Test, and Biographical Inventory).

2. At Offices of Naval Officer Procurement not having a Flight Surgeon or Aviation Medical Examiner, the Senior Medical Officer will assume the responsibility for the test administration.

3. All previous instructions to the contrary are hereby modified accordingly.--

C. A. SWANSON

BuMed Circular Letter No. 48-85

6 Aug 1948

To: NavHosps, NavDisps, Stations having dispensaries, Ships (major)

Subj: Pharmacy Reference Library.

Ref: (a) BuMed Circ. Ltr. No. 48-1

1. The following listed books constitute a useful reference library which is considered desirable for activities providing pharmaceutical services. Procurement of non-standard books will be made in accordance with reference (a):

- (1) U. S. Pharmacopeia XIII (current edition) and Supplements
- (2) National Formulary VIII (current edition) and Supplements
- (3) U. S. Dispensatory, 24th edition
- (4) Mercks Index, 5th edition
- (5) Textbook on Pharmacy (general)
 - * (Practice of Pharmacy, 9th edition, Cook-Martin)
 - * (Principles of Pharmacy, 5th edition, Arny-Fischelis)
 - * (American Pharmacy, Vol. I, II, III, Lyman)
- (6) Textbook on Dispensing Pharmacy
 - * (Dispensing Pharmacy, 1947, Husa)
 - * (Art of Compounding, Powers-Crossen)
- (7) Textbook on Pharmaceutical Arithmetic
 - * (Pharmaceutical Calculations, Bradley-Gustafson)
 - * (Pharmaceutical and Chemical Arithmetic, Sturmer)
 - * (Arithmetic of Pharmacy, Stevens)
- (8) Modern Drug Encyclopedia and Therapeutic Drug Guide, and Supplements, Gutman
- (9) New and Non-Official Remedies 1947 (current edition)
- (10) Pharmaceutical Recipe Book III
- (11) Textbook on Pharmacology
 - * (Pharmacological Basis of Therapeutics, Goodman-Gilman)
 - * (Manual of Pharmacology, Sollmann)
 - * (Materia Medica, Pharmacology, Therapeutics, Bastedo)
- (12) Medical Dictionary

* Select one. --C. A. SWANSON

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BuMed Circular Letter No. 48-86

9 August 1948

To: All Naval Stations and Hospital Ships

Subj: Hospitalization of Beneficiaries of the U. S. Public Health Service in Naval Medical Facilities.

Refs: (a) Pars. 4147, 4148 and 4149, ManMedDept., USN.
(b) Pars. 4155, 4157 and 4158, ManMedDept., USN.

1. The U. S. Public Health Service has instituted a new procedure for obtaining hospitalization for its beneficiaries in the medical facilities of other Government agencies. The new procedure was designed to improve the maintenance of medical records on these patients and to expedite the processing of Vouchers for Transfers between Appropriations and/or Funds, Standard Form No. 1080, by ensuring that the PHS authorization is shown in each case, as required by the General Accounting Office. In order to comply with the new procedure, naval medical facilities shall be guided by the instructions outlined in the following paragraphs.

2. In locations where the U. S. Public Health Service has a medical relief station, quarantine station, or district office but no in-patient facilities, its beneficiaries may be referred to naval medical facilities for medical care and treatment. The beneficiary will present a Treatment Authorization, Form PHS 894 (HD), signed by the referring Public Health Service medical officer and an original and two copies of Form PHS 484-1 (HD), Clinical Record Brief, completed through item 37 except for item 7, "Date and Hour Admitted." When such a patient is admitted, the hospital should fill in item 7 on the briefs and return the second copy to the referring office. After treatment is completed, the naval medical facility shall complete the briefs, forward the original to the referring office, and retain the first copy for its files. The Treatment Authorization for each patient should be submitted to this Bureau with the first monthly report which contains the name of the patient.

3. There may be occasions when a U. S. Public Health Service beneficiary will apply for admission to a naval medical facility on his own initiative, without the usual formal request and record sheets. Applicants of this kind should be admitted only in genuine emergencies when they are physically unable to go to a U. S. Public Health Service activity for authorization or the PHS office is closed. In these cases, the naval medical facility should telephone or telegraph the nearest Public Health Service station as soon as possible, giving all available information on the patient's status as a PHS beneficiary. If the patient's eligibility is clear, the PHS station will give immediate authority for treatment; if it is questionable, the PHS medical officer in charge may give provisional authority until he can check further. As soon as the patient's eligibility has been verified, the PHS office will forward to the naval medical facility admitting the patient a signed Treatment Authorization and three blank Clinical Record Briefs. The admitting medical facility shall complete the briefs through item 37, returning the third copy to the PHS station. The procedure from this point on is the same as for patients formally referred, and which is outlined in paragraph 2 above.

4. Public Health Service medical officers in charge of PHS stations, which will utilize naval medical facilities, will get in touch with the proper naval authorities concerned to discuss the operation of the new procedure, and all additional detailed arrangements that may be required can be worked out locally between the PHS medical officers and the proper naval authorities of each naval activity.

5. Beneficiaries of the U. S. Public Health Service are: (a) Coast Guard personnel, active duty; (b) Coast Guard personnel, retired, inactive; (c) U. S. Merchant Marine; (d) U. S. Maritime Service; and (e) U. S. Public Health Service officers.--C. A. SWANSON

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48-87

BuMed Circular Letter No. 48-87

11 August 1948

To: Ships, stations, and other activities having dental officers.

Subj: Advance Change, ManMedDept (Cancellation of Annual Dental Report).

1. The Annual Dental Report is hereby canceled. Delete from the ManMedDept: Paragraphs 1382 (added by enclosure to BuMed C.L. 47-138) and 5130 and section headings relating thereto, line 12 of paragraph 513 on page 476, and index references to this report on pages 509, 527, and 586.

2. Subject change will be included in future printed page changes as deletions.

--C. A. SWANSON

BuMed Circular Letter No. 48-88

13 August 1948

To: Medical Officers in Command, Naval Hospitals. (Continental)

Subj: Shipment to naval hospitals by tobacco or other companies of donated cigarettes withdrawn from tax at the factory for the use of the United States.

1. The continued acceptance of cigarettes donated and shipped to selected naval hospitals by a tobacco or other company for use by patients is approved.

2. The Bureau of Medicine and Surgery periodically will furnish to the donor's representative the average patient census for those hospitals selected by the donor from medical commands designated by the Surgeon General. This information will be used by the tobacco company to fill in Internal Revenue Form 663 Requisition for Withdrawal of Articles from Factory, free of tax, for Use of the United States, showing the quantity of donated cigarettes to be shipped and delivered. This Internal Revenue Form 663 will be sent to the commanding officer for signature and for transmittal by the commanding officer in duplicate to the Commissioner of Internal Revenue, Washington, D. C.

3. Upon accomplishment of this procedure the donated cigarettes will be shipped to and received by the selected hospital as at present. Proper officers at the naval hospital receiving the donation will use Internal Revenue Form 667 Certificate of Receipt of Articles Withdrawn from Factory, Free of Tax, for Use of the United States to acknowledge receipt of the shipment in the prescribed manner. This certificate of receipt likewise shall be executed in duplicate and transmitted by the commanding officer to the Commissioner of Internal Revenue, Washington, D. C.

4. Donations by the R. J. Reynolds Tobacco Company will be shipped in even hundreds of packages from Factory C-4, District of North Carolina.

5. Similar action may be taken in the event other manufacturers offer to donate cigarettes to patients in naval hospitals.--C. A. SWANSON

48-89

RESTRICTED

BuMed Circular Letter No. 48-89

23 August 1948

To: All Ships and Stations

Subj: Changes in Typhoid-Paratyphoid Immunization.

Ref: (a) Par. 35B10, sec. III, pt. III, ch. 5B, ManMedDept., USN.

1. In view of the fact that it has been shown that 0.5-cc. amounts of triple typhoid vaccine can be used in all three doses of the initial immunization with fewer and milder reactions together with the same or higher levels of protective titer, the following method of initial typhoid-paratyphoid immunization shall be adopted as the standard method:

Initial immunization shall consist of three consecutive subcutaneous injections of one-half cubic centimeter (0.5cc.) of triple typhoid vaccine at intervals of not less than 7 or more than 28 days.

2. For the sake of uniformity in immunization practices in the armed forces, the subcutaneous injection of 0.5 cc. typhoid-paratyphoid vaccine as a booster dose is an acceptable alternate method to the Navy's standard 0.1 cc. intracutaneous injection.

3. Reference (a) is in the process of being changed accordingly.--H. L. PUGH

BuMed Circular Letter No. 48-90

23 August 1948

To: All Ships and Stations

Subj: Reporting of Marital Contacts of Navy and Marine Corps Venereal Disease Patients

Ref: (a) Par. 12B6.2, ManMedDept.

1. Reference (a) permits the use of routine venereal disease contact reporting procedures for investigation of marital contacts of Navy and Marine Corps venereal disease patients, only where all other practicable methods of handling and completing the investigation within the naval service, by a private physician, or clinic of contact's choice, have been exhausted.

2. Reports have been reaching this Bureau indicating laxity in handling marital contacts. In some cases where the patient states that his wife will receive medical care from a civilian source, no effort is made to determine whether examination or treatment is actually received. In some cases no effort is made to determine if the spouse has had other contacts, and there are others in which the marital contact does not have adequate follow-up.

3. In view of the above, the following procedure is outlined and shall be strictly adhered to:

(a) It shall be the responsibility of the medical officer of the reporting activity to carry out the investigation of all reported marital contacts as directed. He shall assure himself that examination, and treatment if indicated, are initiated, either within the naval service (dependent's dispensary), by private physician, or clinic of contact's choice. Reports of extramarital contacts of the spouse should be obtained and forwarded to cognizant authorities, in accordance with local public health regulations, when the spouse is under the care of a naval medical officer.

(b) The marital contacts of Navy patients shall be reported on NavMed-171. Copy C shall be forwarded according to existing instructions, indicating under "remarks" how the investigation of marital contacts is being handled. Copies A, B, and D shall be retained until examination and/or treatment is initiated either in military facilities, by private physician, or clinic of contact's choice. Copy B shall then be forwarded showing results of investigation. Copies A and D shall be destroyed and copy E retained for files. Prompt investigation and forwarding of results by the reporting activity are imperative.

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(c) When the above methods are unsuccessful, and in the event the patient indicates his spouse will report for medical treatment and no satisfactory evidence is shown that she has in fact reported for examination or treatment, or if the spouse lapses treatment or follow-up while under the professional care of a naval medical officer, copies A, B, and D shall then be forwarded to naval and public health authorities in accordance with existing instructions for nonmarital contacts. The patient shall be advised of the action taken.

(d) Every married patient with venereal disease shall be fully informed of the dangers and implications of venereal infection to himself, his spouse, and his family, advising him of the urgent necessity of investigating all contacts with the aim of safe-guarding the physical and mental health of the family, of protecting the public health, and of preventing possible familial infection.

4. It is again emphasized that all contact reports are considered to be in the nature of a privileged communication and should be restricted to proper hands in medical channels only--H. L. PUGH

BuMed Circular Letter No. 48-92

27 August 1948

To: All Ships and Stations

Subj: Requisitioning, Receipt Procedures, and Establishment of Stock Levels for Medical Stores.

Ref: (a) BuMed Circ. Ltr. 48-73

1. The following changes shall be made in reference. (a).
 - a. Paragraph 8(j) of enclosure (A). Substitute the word "routine" for "routing".
 - b. Paragraph 3(a) of enclosure (C). Between the word "follows" and colon, insert the following, "(paragraph 3069, Part VI, Manual, Medical Department, is modified accordingly)."
 - c. Paragraph 10 of enclosure (D). Delete the entire paragraph and insert the following: "10. Acceptance of all incoming shipments of medical stores under a contract or order which provides for inspection by the Material Inspection Service will be predicated upon the following:
 - (a) Shipments identified by the "anchor" stamp: Shipments identified by the "anchor" stamp, which signifies unqualified acceptance, will be accepted and placed into stock providing the following requirements are met:
 - (1) Verification of item and quantity received;
 - (2) No damage in transit;
 - (3) Packing, packaging, and labeling are correct.
 - (b) Shipments identified by the "U.S.N." stamp: Shipments identified by "U.S.N." stamp, which signifies qualified acceptance will not be accepted and placed into stock until receipt of notification from the Material Inspection Service on Form NIS-40, report on material stamped "U.S.N." Upon receipt of this form, receiving activities will accept shipments providing material is reported acceptable by the Material Inspection Service and the material meets the requirements of paragraph 10(a) above. "U.S.N." stamped material signifies that laboratory or other type examination has not been reported on at time of shipment and the material has been inspected for packaging, packing, marking, etc. On the consignee's copies of the vendor's shipping document accompanying all "U.S.N." -stamped shipments, the inspectors will indicate the reason for the release of the shipment, such as "urgently needed, shipped prior to laboratory examination," or words to that effect."

--C. A. SWANSON

BuMed Circular Letter No. 48-93

2 September 1948

To: All Stations, and Fleet, Force, and Area Commands.

Subj: Quarterly Report of Rodent Control Operations, Cancellation of.

Ref: (a) BuMed Circular Letter No. 48-18.

1. Reference (a) is hereby cancelled. The Quarterly Report of Rodent Control Operations is no longer required and shall be discontinued immediately.

2. It is directed that pertinent data on rodent control be included in paragraph "D" of the sanitary report as required by paragraphs 35D9 and 35D12, Manual of the Medical Department.--C. A. SWANSON

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48-94

BuMed Circular Letter No. 48-94

3 September 1948

To: All Shore Stations (except Hospitals) having Medical and/or Dental Department Property.

Subj: Statement of Receipts and Expenditures of Medical Department Property, NavMed-E, Instructions Regarding.

Refs: (a) BuMed C/L 45-163.
(b) BuMed C/L 47-92.
(c) BuMed C/L 47-166.

1. Ref. (a) is hereby cancelled. Paragraph 8 of ref. (b) is modified to the extent that the gross amount of both Dental and Medical Departments shall not be recorded. The value of the materials of the Medical and Dental Departments shall be reported separately.

2. This form, NavMed-E, and signed, receipted copies of each transfer voucher issued (TVI) (NavSandA 127) and inventory adjustment voucher (IAV) (NavSandA 127) accomplished during the quarter, shall be prepared and submitted to the Bureau not later than the fifteenth working day of the month following the end of the quarter, and upon disestablishment, by every continental and extra-continental shore activity, except hospitals, charged with the accountability of Medical and Dental Department property.

3. The value of all receipts and expenditures of Medical and Dental Department equipment and supplies shall be included. The value of equipment and supplies, the cost of which is chargeable to the appropriations of other Bureaus furnished for the use of the Medical and Dental Department, shall not be included except that the value of the Appropriation Purchase Account (APA) material which would otherwise have been a proper charge to a Medical Department Navy Program Allotment, but which is issued at no appropriational charge, shall be included at the invoice value as a TVR but will not be reported as a charge against the activity's Program Allotment on NavExos 2675. (BuSandA Manual 65003(2).)

4. The following instructions shall be observed in the preparation of the NavMed-E. (Revised 7-48). Line numbers refer to numbered lines on the face of the NavMed-E and NavMed-1183, -1184, -1185, -1186, Journal of Receipts and Expenditures of Medical Department Property (Revised 6-48).

INSTRUCTIONS

- (a) Use the name of the activity as set forth in the "Catalog of Activities of the Navy", (OPNAV-F24-105 and 107).
- (b) Land and Buildings: Only activities under the management control of BuMed who maintain their own Class 1 and Class 2 plant account shall enter amounts on these lines. Such amounts shall be the current balances in each account.
- (c) Equipment:

Line 1. (Self-explanatory.) Newly established activities shall indicate NONE.

Line 2. Enter values of all equipment received and receipted for on NavMed-255 during the quarter. (Column (1) NavMed-1183.) The total of these two amounts must agree with the total amount reported in the equipment column of analysis (1) on the reverse.

Line 3. Enter the values of all equipment received from the Supply Department and summarized on the monthly NavSandA 870's during the quarter, as a charge against a Medical Department Navy Program Allotment. (Column (2) NavMed-1183.) The total of these two amounts must agree with the total amount reported in the equipment column of analysis (2) on reverse.

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Line 4. Enter values of all equipment received and paid for by public vouchers summarized on tabulated listings received from Navy Central Disbursing Offices during the quarter, chargeable against a Medical Department Navy Program Allotment. Extra-continental shore activities whose public vouchers are not paid by a Navy Central Disbursing Office shall report values of equipment on this line upon receipt of a memorandum paid copy of the public voucher. (Column (3) NavMed-1183.) The total of these two amounts must agree with the total amount reported in the equipment column of analysis (4) on reverse.

Line 5. Enter values of equipment received from Medical or Dental Departments on NavSandA 127 (TVR, during the quarter. Enter values of equipment received from the Supply Department through the Appropriation Purchases Account which otherwise would have been a proper charge to a Medical Department Navy Program Allotment. (Column (4) NavMed-1183.) The total of these two amounts must agree with the total amount reported in the equipment column of analysis (5) on reverse.

Line 6. Enter values of equipment received from the Bureau of Federal Supply. Enter values of equipment received from supplies due to reclassification. Enter values of equipment received by physical inventory. (Column (5) NavMed-1183.) Additional information to support the values reported on this line shall be entered under "Remarks" on reverse. A copy of each Inventory Adjustment Voucher (IAV) NavSandA 127 showing each item affected shall be forwarded with NavMed-E.

Line 7. (Self-explanatory.)

Line 8. (Self-explanatory.)

Line 9. Enter values of equipment expended by approved survey. (Column (1) NavMed-1184.) This line must agree with the total amount of equipment reported in the "Net Value" column of Analysis (7) on reverse.

Line 10. Enter values of equipment transferred to Medical or Dental Departments on NavSandA 127 (TVI) during the quarter. Enter values of equipment transferred to Supply Department or Naval Medical Supply Depot per approved survey or other competent authority. (Column (2) NavMed-1184.) A signed, receipted copy of each Transfer Voucher Issued shall be forwarded with NavMed-E. This line must agree with the totals of the equipment column of Analysis (6) and the "TVI to Supply Department" and "TVI to Naval Medical Supply Depot" columns, if pertinent, of Analysis (7) on reverse.

Line 11. Enter values of equipment transferred to supplies due to reclassification. (Column (3) NavMed-1184.) A copy of each inventory Adjustment Voucher (IAV) NavSandA 127, showing each item affected shall be forwarded with NavMed-E. Medical Supply Depots enter value of equipment expended to use for test purposes. Additional information to support the values reported on this line shall be entered under "Remarks" on reverse.

Line 12. (Self-explanatory.)

Line 13. (Self-explanatory.) These amounts must equal the total values of equipment carried in the respective Medical and Dental Department equipment ledgers as at the last day of the quarter.

(d) Supplies and Services:

Line 14. (Self-explanatory.) Newly established activities shall indicate NONE.

Line 15. Enter values of all supplies received and receipted for on NavMed 255 during the quarter. (Column (1) NavMed-1185.) The total of these two amounts must agree with the total amount reported in the supplies column of analysis (1) on the reverse.

Line 16. Enter the values of all the supplies received from the Supply Department and summarized on the monthly NavSandA 870's during the quarter, as a charge against a Medical Department Navy Program Allotment. (Column (2) NavMed-1185.) The total of these two amounts must agree with the total amount reported in the supplies column of analysis (2) on reverse.

Line 17. Enter values of all services received from the Supply Department on the monthly NavSandA 884 or 885 during the quarter as a charge against a Medical Department Navy Program Allotment. This includes earned and paid salaries and wages of civilian employees and any other labor charges received during the quarter. (Column (3) NavMed-1185.) The total of these two amounts must agree with the total reported in analysis (3) on reverse.

Line 18. Enter values of all supplies and services received and paid for by public vouchers summarized on tabulated listings received from Navy Central Disbursing Offices during the quarter, chargeable against a Medical Department Navy Program Allotment. Extra-continental shore activities whose public vouchers are not paid by a Navy Central Disbursing Office shall report values of supplies and services on this line upon receipt of a memorandum paid copy of the public voucher. (Column (4) NavMed-1185.) The total of these two amounts must agree with the sum total of the amounts reported in the supplies and services column of analysis (4) on reverse.

Line 19. Enter values of supplies and services received from Medical or Dental Departments on NavSandA 127 (TVR) during the quarter. The Dental Department shall enter values of office supplies and laundry services received from the Medical Department during the quarter. See instructions regarding lines 24 and 30. Enter values of supplies received from the Supply Department through the Appropriation Purchases Account which otherwise would have been a proper charge to a Medical Department Navy Program Allotment. Enter estimated cost of transportation of remains of deceased personnel. Enter estimated burial expenses incurred when activity does not have Care of the Dead program allotment which will include services of undertaker and cost of burial clothing received from the Supply Department on NavSandA 127. (Column (5) NavMed-1185.) The total of these two amounts must agree with the sum total of the amounts reported in the supplies and services column of analysis (5) on reverse.

Line 20. Enter values of supplies received from the Bureau of Federal Supply. Enter values of supplies received from equipment due to reclassification. Enter values of supplies received by physical inventory. Enter value of supplies and services received under a continuing Project Order (AWR). (Column (6) NavMed-1185.) A copy of each Inventory Adjustment Voucher (IAV) NavSandA 127, showing each item affected shall be forwarded with NavMed-E. Additional information to support the values reported on this line shall be entered under "Remarks" on reverse.

Line 21. (Self-explanatory.)

Line 22. (Self-explanatory.)

Line 23. Enter total values of all Catalog of Medical Materiel supplies expended to use from the Medical or Dental Department storeroom during the quarter on NavMed-R, except Catalog of Medical Materiel supplies used for the care of the dead (see line 31), (caskets, etc.). (Column (1) NavMed-1186.)

Line 24. Enter value of office supplies expended during the quarter. Where the funds are allotted to the Program Allotment 20 Medical Care in Other Shore Stations for Object Classification 083, the value of the office supplies used by the Dental Department shall be transferred to them on TVI (NavSanda 127) prepared quarterly. See instructions regarding lines 19 and 33. (Column (2) NavMed-1186.)

Line 25. Enter values of all motor vehicle supplies and services expended during the quarter. (Column (3) NavMed-1186.) Include repairs, gasoline, oil, tires, automobile cleaning supplies, etc. Only supplies and services required for the maintenance and operation of Medical Department motor vehicles and properly chargeable to a Medical Department Navy Program Allotment shall be included.

Line 26. Enter value of items of special diets expended during the quarter. (Column (4) NavMed-1186.)

Line 27. Enter values of earned and paid salaries to Group IVb civilian employees on the Medical Department payroll, summarized on the monthly NavSanda Forms 884 and/or 885 during the quarter. (Column (5) NavMed-1186.)

Line 28. Enter values of earned and paid wages to other than Group IVb civilian employees on the Medical Department payroll, summarized on the three monthly NavSanda Forms 884 and/or 885 during the quarter. (Column (6) NavMed-1186.)

Line 29. Enter values of all other supplies and services expended by the Dental Department or the Medical Department which was or would otherwise have been a proper charge against a Medical Department Navy Program Allotment in the first instance. (Column (7) NavMed-1186.)

Line 30. Enter values of laundry services received during the quarter. Where funds are allotted to the Program Allotment 20 Medical Care in Other Shore Stations for Object Classification 0795, the value of the laundry services received by the Dental Department shall be transferred to them on TVI (NavSanda 127) prepared quarterly. See instructions regarding lines 19 and 33. (Column (8) NavMed-1186.)

Line 31. When activity does not have Care of the Dead Program Allotment, enter all costs which were taken up as a TVR on line 19. Enter the value of supplies expended and services received which were a proper charge against the Care of the Dead Program Allotment. Include the cost of burial clothing summarized on NavSanda Form 870 during the quarter, and the cost of Catalog of Medical Materiel used for care of the dead (see instructions for line 23). Enter estimated cost of transportation of remains of deceased personnel. (Column (9) NavMed-1186.)

Line 32. Enter values of supplies expended by approved survey. (Column (10) NavMed-1186.) This line must agree with the total amount of supplies reported in the "Net Value" column of Analysis (7) on reverse. Indicate surveys containing items of supplies with an asterisk.

Line 33. Enter value of supplies and services transferred to Medical or Dental Departments on NavSanda 127 (TVI) during the quarter. Enter values of supplies transferred to the Supply Department or Naval Medical Supply Depot per approved survey or other competent authority. (Column (11) NavMed-1186.) A signed, receipted copy of each Transfer Voucher Issued shall be forwarded with NavMed E. This line must agree with the totals of the supplies and services column of Analysis (6) and the "TVI to Supply Department" and "TVI to Naval Medical Supply Depot" columns, if pertinent, of Analysis (7) on reverse. The Medical Department shall enter values of office supplies and laundry services issued to the Dental Department during the quarter. See instructions regarding lines 24 and 30.

Line 34. Enter values of equipment transferred to supplies due to reclassification. (Column (12) NavMed-1186.) See lines 11 and 20. A copy of each Inventory Adjustment Voucher (IAV) NavSandA 127 showing each item affected shall be forwarded with NavMed-E. Medical Supply Depots enter values of supplies expended to use for test purposes. Additional information to support the values reported on this line shall be entered under "Remarks" on reverse.

Line 35. (Self-explanatory.)

Line 36. (Self-explanatory.) These amounts must equal the total values of supplies carried on the respective Medical and Dental Department Supplies Ledger as at the last day of the quarter.

(e) Complement:

Line 37. Enter average number of active duty service personnel, officers and enlisted men, Navy and Marine Corps, at all units served by the Medical Department of the reporting activity. This information should be obtained from the personnel officer, and is determined by dividing the total muster days by the number of days in the quarter.

Line 38. Enter daily average number of civil employees of the Navy of the reporting activity. Do not include other civilians. Other civilians should be noted under "Remarks" on reverse.

Line 39. Enter total of lines 38 and 39.

(f) Medical Services Rendered (See ref (c) but disregard line numbers):

Line 40. Report number of individuals and treatments or examinations for injuries sustained while in the performance of duty.

Line 41. Report number of individuals and treatments or examinations for on-the-job diseases, pre-employment examinations, examinations for occupational diseases, etc., as distinguished from injuries sustained in the line of duty.

Line 42. Report number of individuals and treatments or examinations of dependents of naval personnel.

Line 43. Report number of individuals and treatments or examinations of civilians for humanitarian reasons. Include such service rendered for conditions not included on lines 40 or 41.

Line 44. Enter total of lines 40 through 43.

Line 45. Report number of individuals and treatments or examinations of military personnel on active duty.

Line 46. Report number of individuals and treatments or examinations of military personnel, on inactive duty or on the retired list.

Line 47. Enter totals of lines 44 through 46.

5. Reverse of NavMed E.

- (1) Analysis of Medical Stores Invoices Received: Tabulate data as indicated including only the equipment and supplies actually received and receipted for on NavMed-255. Enter totals as indicated, which must agree with the total of the amounts reported on lines 2 and 15 on reverse. Report credit-medical-stores invoices received in this analysis.

- (2) Analysis of NSA Material Received: Tabulate data as indicated. The total of supplies and equipment must equal the total amount reported on line 4 of all monthly NavExos 2675's submitted on all individual Medical Department Navy Program Allotments held by the activity. When charges against a past fiscal year's appropriation are included, the month in which the charges appeared shall be marked with an asterisk and reconciliation shall be made under "Remarks".
- (3) Analysis of Civilian Labor Received: Tabulate data as indicated. The total must equal the total of the amounts reported on line 5 of all the monthly NavExos 2675's submitted on all individual Medical Department Navy Program Allotments held by the activity. When charges against a past fiscal year's appropriation are included, the month in which the charges appeared shall be marked with an asterisk and reconciliation shall be made under "Remarks".
- (4) Analysis of Public Vouchers Received: Tabulate data as indicated. The total of equipment, supplies and services must equal the total of the amounts reported on line 6 of all the monthly NavExos 2675's submitted on all individual Medical Department Navy Program Allotments held by the activity. When charges against a past fiscal year's appropriation are included, the month in which the charges appeared shall be marked with an asterisk and reconciliation shall be made under "Remarks".
- (5) Analysis of Transfer Vouchers Received: Tabulate data as indicated. These vouchers (NavSandA 127) shall all be assigned numbers by the receiving activity, serially by fiscal years in the order received and should indicate the fiscal year thus: "TVR 1-49", "TVR 2-49", etc. When material is received through the Appropriation Purchases Account from the Supply Department, or when estimated cost of transportation of remains of deceased personnel is reported, a memorandum Transfer Voucher Received shall be prepared and forwarded with NavMed-E.
- (6) Analysis of Transfer Vouchers Issued: Tabulate data as indicated. These vouchers (NavSandA 127) shall all be assigned numbers by the issuing activity, serially by fiscal years, in the order issued and should indicate the fiscal year thus: "TVI 1-49", "TVI 2-49", etc. Transfer vouchers issued shall not be charged off until a signed, receipted copy is received from the activity who received the material or services.
- (7) Analysis of Approved Surveys: Tabulate data as indicated. The total of the "Total Value" column shall equal the total of the "Values at which Carried" column of NavSandA 154. The total of the "TVI to Supply Department" and the "TVI to Naval Medical Supply Depot" columns shall equal the total of the "Appraised Value" column as indicated on approved survey. The "Total Value" column less the "TVI to Supply Department" and the "TVI to Naval Medical Supply Depot" column shall equal the "Net Value" column. Do not include value of items cancelled from survey or recommended to be retained as fit for use. Indicate surveys containing items of supplies by an asterisk.
- (8) Remarks: Inventory Adjustment Vouchers (NavSandA 127) shall be assigned numbers by the reporting activity serially by fiscal years, in the order made and should indicate the fiscal year thus: "IAV 1-49", "IAV 2-49", etc.

6. When erroneous values have been reported on NavMed-E and are detected after submission, do not submit corrected copies but make the necessary corrections on the next NavMed-E submitted, with clarifying information under "Remarks".

7. Letters of transmittal and copies of public vouchers supporting the charges reflected in analysis (4) are not required. The submission of a supplementary NavMed-E is never required. Liquidation of outstanding obligations are considered to be current receipts and are properly taken up in the Journal of Receipts and Expenditures as at the date of liquidation and are to be reported on NavMed-E for the quarter in which the obligation was liquidated.

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8. Care and accuracy are necessary in the preparation of NavMed-E, and other financial records. After preparation, the report should be carefully checked before submission. The foregoing instructions include several methods of comparing the several items to guard against errors, but none of the methods stated will reveal items completely omitted from all records. This may be avoided by other internal checks, including consultation with the supply, disbursing and accounting officers, when indicated, as to charges and credits made and reported by them.--H. L. PUGH

BuMed Circular Letter No. 48-95

8 September 1948

To: Commandants Naval Districts (Except 10) and Potomac River Naval Command.
Attn: District Director of Naval Reserve and Director of Training.

Subj: First Aid Supplies and Biologicals for Naval Reserve Electronic Warfare Drill Quarters and Electronic Warfare Stations.

Ref: (a) BuMed Cir. Ltr. No. 48-51.

1. Reference (a) is hereby canceled and superseded.
2. The following items are authorized for subject facilities as indicated:

FACILITY	STOCK NO.	ITEM	AMOUNT
Electronic Warfare Stations	9-229-650	First Aid Kit, small (less narcotics)	1
Electronic Warfare Drill Quarters	9-313-125	Medical Outfit, Detachment	1
Electronic Warfare Drill Quarters and Electronic Warfare Stations	1-609-000	Small Pox Vaccine, 10 Tubes	#
	1-612-450	Tetanus Toxoid, AL-P. 5CC	#
	1-616-560	Typhoid Vaccine, Tri, 50 CC	#

Quantity requisitioned shall be sufficient to accomplish complete or booster immunization (as required) for members of subject facilities. Due consideration shall be given to actual immunizations to be performed, to availability of refrigerated storage space and potency period of biologicals.

3. Addressees shall implement the following procedures as regards subject facilities:

- (a) Submit NavMed-4 requisition for required items direct to nearest naval medical supply depot.
- (b) Requisition and maintain stock of the contents of above authorized items (less narcotics) sufficient for replenishment as required.
- (c) For fiscal year 1949 and thereafter, requisitioned material shall be charged against the appropriation "Medical Department, Navy."--H. L. PUGH

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BuMed Circular Letter No. 48-96

9 September 1948

To: Special Distribution List.

Subj: Contract for Care of the Dead, Fiscal Year 1949.

1. With few exceptions, the Bureau has not been informed of the name and address of the undertaker to whom contract for care of the dead for the fiscal year 1949 has been awarded. It is requested that this information be furnished the Bureau (Attention: Code 2142) as soon as practicable.--H. L. PUGH

BuMed Circular Letter No. 48-97

9 September 1948

To: All Continental Naval Hospitals and Stations Having Dispensaries.

Subj: Immunizations for Dependents and Civilian Employees of Army and Air Force Prior to Movement Overseas.

1. Dependents and civilian employees of the Armed Forces sometimes receive overseas travel orders while not living near a medical facility of the Department under whose cognizance they come.

2. When an Army Air Force medical facility is not available, naval medical facilities shall provide, so far as practicable, the required basic immunizations for Army and Air Force dependents and civilian employees under orders for overseas travel. This is in accordance with reciprocal immunization service offered by the Army and the Air Force.

3. The orders issued to an individual, or a letter, from the Army or Air Force agency processing the individual for overseas travel contains detailed information as to the immunizations required; and may be accepted as identification at the naval medical facility, insofar as the request for immunization is concerned.--H. L. PUGH

BuMed Circular Letter No. 48-98

13 September 1948

To: All Stations

Subj: Availability of and Report on Medical Training Films and Other Medical Audio and Visual Aids.

Refs: (a) BuMed Circ. Ltr. 48-17.
(b) BuMed Circ. Ltr. 48-54.

1. References (a) and (b) are hereby canceled. The letter report of medical training films and other medical audio and visual aids is no longer required and shall be discontinued immediately.--H. L. PUGH

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BuMed Circular Letter No. 48-99

17 September 1948

To: MedOfCom, U. S. Naval Hospitals, U. S. Naval Medical Supply Depots, National Naval Medical Center, Bethesda, Maryland, Naval Medical Center, Guam, M. I.

Subj: Appointment of Industrial Relations Officers (Civilian Personnel Officers).

Refs: (a) BuMed Circ. Ltr. 47-27.
(b) BuMed Circ. Ltr. 48-79.
(c) NCPI-125.
(d) NCPI-135.2-3c

1. The most recent revision of reference (c) deletes the requirement for prior approval of the cognizant bureaus for the appointment of Industrial Relations Officers (Civilian Personnel Officers). Accordingly, reference (a) is hereby modified.

2. In the addressed activities the titles "Personnel Officer" and "Civilian Personnel Officer" shall be synonymous since reference (b) requires that responsibility for civilian personnel administration be assigned to the Personnel Officer (Chief of the Personnel Division). The civilian employee assigned as head of the Civilian Personnel Section in accordance with reference (b) shall be designated "Civilian Personnel Assistant". This shall be an organizational title and should not be confused with the payroll title assigned to this position by the Area Wage and Classification Office.

3. The title "Industrial Relations Officer" will not be used hereafter in the addressed activities. Delegation of responsibility to the Personnel Officer and the Civilian Personnel Assistant, including the signing of mail by direction, is a matter for local determination, except that civilian personnel actions shall be signed in accordance with reference (d).--H. L. PUGH

BuMed Circular Letter No. 48-100

17 September 1948

Subj: Navy Day - Medical Department participation in. Canceled - Served Purpose.

BuMed Circular Letter No. 48-101

23 September 1948

To: All Medical Officers and Dental Officers

Subj: Selective Service Act of 1948; Procedures for Administration of.

Encl: (A) (HW) Army Regulations 40-115 dtd 20 Aug 1948. (Not reprinted herein. Copies available upon request.)

1. In connection with the procedures for administration of the Selective Service Act of 1948, the Army Regulations are to be used as representing the physical standards and physical profile method of classification in connection with induction and discharge of all male enlisted and inducted personnel.

2. Enclosure A represents the physical standards and procedure in relation to classification of an individual's functional ability to perform duty in connection with induction and separation from service for physical disability insofar as the administration of the provisions of the Selective Service Act of 1948 are concerned. The enclosure is furnished for your information and guidance in advance of the regulations which are to be promulgated shortly by BuPers, BuMed, and MarCorps in connection with the administration of the Selective Service Act.

3. In interpreting the contents of the enclosure the references to Army Regulations or Department of the Army will be interpreted as being representative of the Naval Service.--H. L. PUGH

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BuMed Circular Letter No. 48-102

23 September 1948

To: All Holders of the Bulletin of Bureau of Medicine and Surgery Circular Letters, NavMed-937.

Subj: BuMed Circular Letters, Cancellation of Several.

1. The following BuMed Circular Letters are hereby canceled for the reasons indicated:

<u>C/L NO.</u>	<u>REASON FOR CANCELTION</u>
45-186	The War and Navy Department Reciprocal Hospitalization Agreement was terminated as of 30 June 1947 (see C/L 47-54).
45-191	Superseded by Navy Property Redistribution and Disposal Regulation #1, C/L 3-48, dated 9 Aug 1948.
45-222	Superseded by Navy Property Redistribution and Disposal Regulation #1, C/L 3-48, dated 9 Aug 1948.
47-8	Letter has served its purpose by canceling references (d) and (e) as listed in C/L 47-8.
47-40	See C/L 48-27.
47-85	This letter was effective for the fiscal year 1948. C/L 48-69 applies for fiscal year 1949.
47-106	The general orders regarding quarantine procedures have been printed and distributed. The Manual of the Medical Department, Part III--Chapter 5C, has been revised by Advance Change 3-3.
47-128	Effective only for the calendar year 1947.
47-136	Return of binders should be completed by this date.
47-172	Now covered by Advance Change 3-3, Manual of the Medical Department.--H. L. PUGH

BuMed Circular Letter No. 48-103

23 September 1948

To: All Ships and Stations

Subj: Report of Medical Examination, Standard Form 88; and Report of Medical History, Standard Form 89; Use of.

Refs: (a) BuMed C/L 47-156.
(b) Par 2115, Manual of the Medical Department.

*Encls: (A) (HW) Completed sample copy of Standard Form 88 (Report of Medical Examination).
(B) (HW) Aviation adaptation of Standard Form 88 (Report of Medical Examination).
(C) (HW) Completed sample copy of Standard Form 89 (Report of Medical History).
(D) (HW) Vision Conversion Chart.

*Note: Enclosures are printed in the Navy Department Bulletin of 30 Sep 1948, 48-732.

1. The standard forms referred to herein shall be placed in use effective 1 Jan 1949 in order to comply with instructions issued by the Bureau of the Budget.

2. The Report of Medical Examination, Standard Form 88, enclosure (A) and (B), replaces the present Report of Physical Examination, NAVMED-Y, and the Physical Examination for Flying, NAVMED-AV-1, and shall be executed in all instances now requiring the use of these forms. It is permissible to use the NAVMED-Y and AV-1 forms if there is a delay in receiving the Standard Form 88. Existing stocks of NAVMED-Y and AV-1 forms should be destroyed upon receipt of the initial supply of Standard Form 88.

3. The Report of Medical History, Standard Form 89, enclosure (C), replaces several medical questionnaires now serving the same purpose, including enclosure (A) to reference (a); and a report shall be executed in ink in the following cases:

- (a) Original applications from civilian or military personnel for appointments in the Regular Navy, Naval Reserve, Marine Corps or Marine Corps Reserve, and for transfer from the Naval Reserve to the Regular Navy, or from the Marine Corps Reserve to the Marine Corps. The completed Report of Medical History (S.F. 89) on officer applicants should be forwarded with the Report of Medical Examination (S.F. 88) to the Bureau of Medicine and Surgery.
- (b) Applications of all men and women for enlistment in the Regular Navy, Naval Reserve, Marine Corps, or Marine Corps Reserve. Men and women with prior Regular Navy or Marine Corps service reenlisting in the USN, USNR, USMC, or USMCR will be required to execute this form only when enlistment is not effected under conditions of continuous service; i.e., within 3 months following date of discharge. The completed Report of Medical History, Standard Form 89, on applicants for enlistment should be forwarded with the Physical Examination, NAVMED-H-2, to the appropriate training station which will in turn forward the papers to the Bureau of Medicine and Surgery.
- (c) Applications of all candidates for Officer Training (Naval Academy, N.R.O.T.C., Midshipmen Merchant Marine Reserve, Marine Corps Officer Training programs, and Naval Aviation Cadets). The completed Report of Medical History (S.F. 89) should be forwarded with the Report of Medical Examination (S.F. 88) to the Bureau of Medicine and Surgery.

4. The Manual of the Medical Department, reference (b) in particular, will be revised to reflect the changes brought about by the introduction of subject forms. Adaptations to meet present requirements should be made locally; e.g., under Item 28, Report of Medical Examination (S.F. 88), indicate chest expansion, and, in the blank space under Item 18, Report of Medical History (S.F. 89), give the answer to Question 24 on enclosure (A) to reference (a) in order to complete the information now included therein. Enclosure (D) is an aid for the recording of eye examinations on the

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Report of Medical Examination (S.F. 88).

5. Subject standard forms will be stocked by all District Publications and Printing Offices and should be requisitioned by all activities concerned in sufficient time to assure receipt of stock prior to 31 December 1948. Requisitions should be carefully scrutinized by responsible officers in order to eliminate ordering an excessive supply. Normally, the supply of forms should not exceed a three months' requirement.

6. The standard forms are considered to be in a trial status for the first year. During this period the Bureau desires comments and suggestions for revisions which will be considered by a Federal interagency committee on medical forms.--H. L. PUGH

BuMed Circular Letter No. 48-104

28 September 1948

Subj: Pictures for Use in the Nurse Procurement Program.

Not reprinted, as this letter will have served its purpose upon receipt in BuMed of the pictures requested from naval hospitals.

BuMed Circular Letter No. 48-105

28 September 1948

To: All Naval Districts (Continental) and PRNC

Subj: Training Program for Naval Reserve Entomologists and Malariology Technicians.

Encl: (A) Proposed Program of Activity for Annual Tour of Duty (2 Weeks) for Naval Reserve Entomologist and Malariology Technicians.

1. The Commanding Officer, Naval Air Station, Jacksonville, Florida has informed this Bureau of the establishment of a Training Program for Naval Reserve Entomologists and Malariology Technicians. This program will provide an opportunity for Reserve personnel to receive two weeks annual training duty in an area where insect control problems are encountered throughout the year. The existence of a major mosquito problem and the presence of staff, equipment and large scale operations of the Malariology and Pest Control Unit at the Naval Air Station, Jacksonville provide uninterrupted and excellent facilities for a course of instruction at this station.

2. The training periods are scheduled to begin on the first and third Wednesday of each month as required but if applicants for training find these dates cannot be met, other dates may be arranged during such periods as no regularly scheduled classes are convened.

3. The attention of addressees is invited to this training program and it is desired by this Bureau that its utilization be given consideration where quotas and funds permit.--H. L. PUGH

PROPOSED PROGRAM OF ACTIVITY

for

ANNUAL TOUR OF DUTY (2 WEEKS)

NAVAL RESERVE ENTOMOLOGISTS AND MALARIOLOGY TECHNICIANS

This syllabus is prepared in outline form with intent of flexibility. Since those who report for this duty will represent a variety of experiences and educational backgrounds, this type of program is a necessity.

It is expected that a symbiotic relationship will result when those who are actively engaged in Malariology, Entomology, or Pest Control report for this duty.

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It is intended that this unit will benefit from those who are assigned here for this refresher course. It is planned that this program will bring to our Naval Reserve officers and men the latest information concerning the needs, methods and operations of the Insect and Pest Control workers.

Those who are ordered to this active duty will be expected to have at least the minimum uniforms for the two weeks period. Quarters are available for naval personnel and nearby Motor Courts may be used for dependents. The irregular hours observed by the Unit make station residence necessary.

FIRST DAY

Report aboard prior to 0800.

0800 - 1200

- A. Check in.
 - 1. OOD.
 - 2. Personnel.
 - 3. Pay account.
 - 4. Medical.
 - 5. Malariology and Pest Control.
 - 6. Quarters.

1300 - 1630

- A. Complete check in.
- B. Conference with the Medical Officer.
- C. Inspection of office-lab and field-lab.
- D. Assignment of Individual Project.
(It is expected that one complete control project will be conducted during the training period. This will be assigned in keeping with the work, experience, and education of the individual.)

SECOND DAY

0700 - 1200

- A. Conference on the work of the Unit.
 - 1. Routine Controls.
 - 2. Test Projects.
- B. Review of pertinent literature.
- C. Navy Vehicle Driver's Test.
- D. Completion of check in.

1300 - 1630

- A. Field Survey.
 - 1. Adult and larvae survey.
 - 2. Map and drawing studies.
 - 3. Laboratory identification.
 - 4. Ground Crew briefing.
- B. Inspection and operation of ground equipment.

THIRD DAY

0530 - 0700

- A. Participation in Ground Control Operations in area surveyed on second day.
 - 1. Dry fogging.
 - 2. Wet spraying.
- B. Estimate of ground control effectiveness and costs.

0800 - 1200

- A. Individual project development.
- B. Discussion "Operation of Mosquito and Pest Control Unit."
 - 1. Medical Department Responsibilities
 - 2. Liaison with
 - a. Public Works.
 - b. Other Departments.
 - 3. Large scale operations.

- 4. Navy Regulations for Control workers.
- 5. Personnel

1300 - 1630

- A. Procurement of Materials and equipment.
 - 1. General issue material.
 - 2. Open purchase (project supplies).
- B. Storage and Stock Control.
 - 1. Mixing plant operation.
- C. Field Survey.
 - 1. Adult and larvae survey.
 - 2. Aerial map studies.
 - 3. Laboratory identification.
 - 4. Pilot briefing.
- D. Inspection of aerial dispersal equipment.

FOURTH DAY

0530 - 0730

- A. Participation in Aerial Control Operations in area surveyed on third day.
- B. Estimate of aerial control effectiveness and cost.

0830 - 1200

- A. Insecticides in common use.
- B. Methods, Preparation and Cautions in use of insecticides.
- C. Indoor Disinsection.
 - 1. Large building (barracks).
 - 2. Small building (quarters).
- D. Outside Disinsection.
 - 1. "Spot" controls.
 - 2. Area controls.
- E. Aircraft (and surface craft) Disinsection.

1300 - 1630

- A. Individual project development.
- B. Chain of Command, preparation of official correspondence, office and laboratory procedures.

FIFTH DAY

0700 - 1200

- A. Individual Project Discussion.
- B. Equipment maintenance.
- C. Field Day activities.

1300 - 1630

- A. Material Inspection.
- B. Maintenance of records, files, manuals, etc.
- C. Remote control as practiced by a District Unit.

SIXTH DAY

● 0800 - 1200

- A. Personnel Inspection (when scheduled).
- B. Species control.
 - a. Salt marsh.
 - b. Fresh water.
- C. Pest control vs. Disease Vector control.

SEVENTH DAY

No duties.

EIGHTH DAY

0700 - 1200

- A. Inspection of Project assignment.
 - B. Value of species control.
 - 1. Mosquitoes.
 - 2. Flies.
 - 3. Roaches.
 - 4. Termites.
 - 5. Chiggers.
 - 6. Fleas.
 - 7. Body lice.
 - 8. Stored food insects.
 - 9. Ants.
 - 10. Others.
 - C. Relation of Pest Control and Sanitation.
- 1300 - 1630
- A. Adulticides vs. larvacides.
 - B. Rodenticides.
 - C. Mosquito Index development.
 - D. Meteorological data, importance.

NINTH DAY

0700 - 1200

- A. Equipment for:
 - 1. Aerosols.
 - 2. Mists.
 - 3. Sprays.
 - 4. Residuals.
- B. Space sprays vs. residuals.
- C. Evaluation of equipment.

1300 - 1630

- A. Area Survey in preparation for ground control.
- B. Ground crew briefing.

TENTH DAY

0530 - 0700

- A. Participation in ground control operations.
- B. Evaluation of ground control efficiency and cost.

0800 - 1200 1300 - 1630

- A. Tour of Florida State Board of Health - Entomology Division, Jacksonville, Florida, and/or U. S. Department of Agriculture, Bureau of Entomology and Plant Quarantine, Orlando, Florida.

ELEVENTH DAY

0700 - 1200

- A. Review of Individual Project - Written report due on 13th day.
- B. Naval Insect Control.
 - 1. Infestation prevention.
 - 2. Infestation treatment.

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- a. Disinsection by Insecticides.
 - (1) Contact.
 - (2) Stomach.
- b. Humidity Control.
- c. Fumigation.

C. Other Government Agencies.

- 1. Communicable Disease Control Centers.
- 2. U. S. Public Health Service.
- 3. Foreign Quarantine Service.
- 4. State, County, and local units.

1300 - 1630

- A. Area Survey in preparation for aerial control operations.
- B. Briefing of pilot and ground crews.
- C. Meteorological surveys.

TWELFTH DAY

0530 - 0730

- A. Participation in aerial control operations.
- B. Evaluation of aerial control efficiency and estimated costs.

0830 - 1200

- A. Mosquito and Pest Control literature and sources of data.
- B. Preparation of Report on Individual project assignment.

1300 1630

- A. Insect Transmission controls.
 - 1. Aerial.
 - 2. Surface
 - 3. Animal and man.
- B. Discussion of the "Job of the Naval Reserve" in War and Peace. (Personnel Department and Office of Public Relations.)

THIRTEENTH DAY

0700 - 1200

- A. Completion of Individual Project Report.
- B. Discussion - "Area Insect Control and Disease" - Navy and Public Health Reports.
- C. Field Day.
- D. Material Inspection.

1300 - 1630

- A. Conference with the Medical Officer.
- B. Review of Mosquito and Pest Control problems.
- C. Summary on methods, insecticides, and precautions.

FOURTEENTH DAY

0700 - 1200

- A. Check Out procedure.
 - 1. Malariology and Pest Control.
 - 2. Medical.
 - 3. Personnel.
 - 4. Pay Account.
 - 5. OOD.
 - 6. Quarters.

BuMed Circular Letter No. 48-106

29 September 1948

To: All Ships and Stations

Subj: Hospitalization and Medical Care of Dependents of Armed Forces Personnel under Auspices of the Medical Department of the Navy.

Refs: (a) Sec. Defense ltr. dtd. 12 Aug 1948 to SecNav, Sec Army and SecAirFor.
(b) Pt IV Ch I Sect II Manual Medical Department.
(c) BuMed Circ. Ltr. No. 45-78.
(d) BuMed Circ. Ltr. No. 48-69.

1. The Secretary of Defense in reference (a) has declared it to be the policy of the National Military Establishment that the several services afford medical care for dependents on a reciprocal basis, within the limits of facilities, funds, and personnel and to an extent consistent with the over-all preparedness and efficiency of the National Military Establishment; and that the rates charged for medical care of dependents be uniform throughout the National Military Establishment.

2. The terms "several services" and "National Military Establishment" as used herein are defined as comprising the U. S. Navy, U. S. Army, and U. S. Air Force. The term "medical care" is defined as including in-patient and out-patient care.

3. Effective 1 October 1948, those naval activities having facilities for medical care of dependents are authorized to provide medical care for dependents of active-duty personnel of the Army and Air Force in like manner as now provided for dependents of naval and Marine Corps personnel, as set forth in references (b) and (c) under the following conditions, emergent cases excepted:

- (a) The Navy has medical facilities available for the care of dependents and
- (b) The Army or Air Force have no medical facilities for dependents reasonably available in the Area.

4. Dependents of active-duty naval and Marine Corps personnel only may be provided medical care at Army and Air Force medical facilities in like manner as now provided at naval medical activities, under the following conditions, emergent cases excepted:

- (a) The Army or Air Force have medical facilities available for the care of dependent and
- (b) The Navy has no medical facilities for dependents reasonably available in the area.

5. Dependents of naval and Marine Corps personnel will be required to present a Dependent's Identification Card, NAVMED-562, in making application for medical care at Army or Air Force medical facilities. Dependents of Army and Air Force personnel will employ a current Commissary or Post Exchange Permit as a means of identification in making application for medical care at naval medical facilities. In the absence of a Commissary or Post Exchange Permit, such other official identification as will establish identity to the satisfaction of the medical officer will be accepted.

6. The per diem charge for in-patient hospitalization of dependents of Army and Air Force personnel at naval medical activities within and outside the continental limits of the United States will be \$1.75. Money so collected will be accounted for in the same manner as set forth in reference (d) for dependents of naval personnel. There will be no charge for out-patient treatment.

7. Naval hospitals shall report dependents of Army and Air Force personnel on line 77 of the Monthly Ration Record, NAVMED HF-36, including an analysis under "Remarks" of the above report, indicating the number of sick days applicable to dependents of Army and Air Force personnel separately. Necessary detailed financial data applicable to these patients should be reported on line 8, section G, of the Monthly Ration Record, in accordance with the same instructions that apply to the reporting of these data for dependents of Navy and Marine Corps personnel. At other than naval hospitals, all

naval medical facilities shall submit only one report of hospitalization of all dependents. However, an analysis should be included in the report, indicating the number of days applicable to dependents of (1) Navy and Marine Corps, (2) Army, and (3) Air Force personnel, separately. Separate reporting on Monthly Summary Medical Care of Dependents, NAVMED-669, is not required.

8. Appropriate changes in the Manual of the Medical Department will be issued separately.--C. A. SWANSON

Approved: 29 September 1948
-John Nicholas Brown
Acting Secretary of the Navy

BuMed Circular Letter No. 48-107

4 October 1948

To: All Naval Medical Activities

Subj: Tumor Registry, Naval Medical School; Specimens for.

1. Specimens from all types of neoplasms removed at any naval activity shall be forwarded to the U. S. Naval Medical School, National Naval Medical Center, Bethesda 14, Maryland, for registration in the Tumor Registry maintained there.

2. A portion of the gross tissue in ten per cent formalin or other suitable fixative is desirable, but if this is unobtainable, paraffin blocks or microscopic slides showing the lesion should be sent. If only a single section is available, a photomicrograph of the lesion will be made by the Tumor Registry and sent to the contributing activity, if requested.

3. Each case shall be accompanied by the following data:

- (a) Full name, status, serial number (if any).
- (b) Next of kin with address.
- (c) Pertinent clinical information to include age, sex, duration and site of tumor, leading symptoms and treatment.
- (d) Copies of necropsy (if performed) protocol or any histopathological reports.

4. The purposes of this registry are:

- (a) To compile a central file wherein data is available at any time for the Service at large.
- (b) To insure more adequate follow-ups of all tumor cases and to facilitate the work of the Tumor Follow-up Section of the Naval Medical School.
- (c) To check on clinical diagnosis by histopathological methods.
- (d) To facilitate and augment instruction in oncology.

5. Each case received will be acknowledged by the Naval Medical School directly to the contributing activity, and a complete histopathological report will be forwarded.
--C. A. SWANSON

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48-108

BuMed Circular Letter No. 48-108

6 October 1948

To: MedOfCom., U. S. Naval Hospitals; U. S. Naval Medical Supply Depots; National Naval Medical Center, Bethesda, Md.; Naval Medical Center, Guam, M. I.

Subj: Civil pay roll, time, leave and related functions; establishment of uniform organizational location of.

Refs: (a) BuMed Circ. Ltr. 48-79.
(b) NCPI-125.
(c) NCPI-105.
(d) BuSanda Manual, Chap 5 Vol V and Chap 4 Vol VI.

1. The purpose of this letter is to establish uniformity in the addressed activities with respect to the organizational location of and assignment of responsibilities in connection with the preparation and certification of civil pay rolls and the maintenance of time, leave and related records.

2. The responsibility for preparation and certification of civil pay rolls and the maintenance of records of time and leave of civilian employees shall be assigned to the Finance Division in the addressed activities. Further, the maintenance of retirement records and the preparation of the reports related to the above shall be the responsibility of the Finance Division.

3. In accordance with reference (b) and Bureau policy, the responsibility for the development of internal policy and the review of the application of regulations and instructions pertaining to leave and hours of work shall be assigned to the Civilian Personnel Section of the Personnel Division.

4. The assignment of functions to the Personnel and Finance Divisions shall be as follows:

FINANCE DIVISION

- (a) Prepare and certify pay rolls for civilian employees and maintain necessary records related thereto.
- (b) Maintain time and leave records for all civilian employees.
- (c) Maintain retirement records for all employees subject to the Civil Service Retirement Act.
- (d) Prepare the required reports and correspondence related to subparagraphs (a), (b), and (c).

PERSONNEL DIVISION

- (e) Furnish the Finance Division with notices of personnel actions and other issuances affecting pay of civilian employees such as revisions and/or amendments of wage schedules, etc.
- (f) Formulate and issue activity policies relating to the administration of regulations and instructions governing leave and hours of work.
- (g) Review application of regulations, instructions and activity policies relating to leave and hours of work (including investigation of suspected abuse of sick leave).

5. Addressees shall take the necessary action to insure conformance to the provisions of this letter. --C. A. SWANSON

BuMed Circular Letter No. 48-110

12 October 1948

To: All Ships and Stations.

Subj: Dishwashing Practice Aboard Naval Vessels.

Refs: (a) BUSHIPS Ltr. JJ51-(3) (336-803), EN28/A2-11 of 21 May 1945; AS&SL
Jan-June 1945, 45-586, p. 705
(b) BUSHIPS Bulletin of Information #21, 1 January 1946, Page 54.

1. The Bureau of Ships is in receipt of a number of reports indicating the unauthorized use of trisodium phosphate in mechanical dishwashing machines. Such instances are considered a dangerous violation of instructions promulgated by reference (a).

2. The dangers inherent in the use of unapproved dishwashing detergents cannot be overemphasized. It is well known that many communicable diseases are transmitted by unsanitary and improperly washed mess gear. Where trisodium phosphate is used as a dishwashing compound, tenacious insoluble coatings will be formed on dishes and dishwashing machines which, if permitted to remain, will provide a receptive medium for bacterial growth.

3. Navy dishwashing compound, developed as a result of extensive laboratory and service tests, is markedly effective in reducing communicable diseases because of its ability to leave mess gear physically and bacteriologically clean. This compound is procured under Navy Department Specification 51-C-49 and is available as a Standard Stock Catalog Item under Stock Number 51-C-1576-15.

4. Commanding Officers are enjoined to enforce the use of Navy dishwashing compound in accordance with procedures prescribed in reference (b).--C. A. SWANSON

BuMed Circular Letter No. 48-111

7 October 1948

To: All Ships and Stations

Subj: Accounting Procedures for Unit Pricing of Medical Department Property.

Ref: (a) BuMed Circ. Ltr. 48-52.

1. Many naval activities are encountering difficulties in following prescribed plant account procedures for items of Medical Department equipment having a value of less than \$50.00.

2. To reduce to a minimum the necessity of making frequent changes in plant account records for items of Medical Department equipment having a value of \$50.00 or less, reference (a) is modified as follows:

Change subparagraph 4(B)(2)(b) to read:

"Hereafter account for each item of equipment in this category at the invoiced value at time of acquisition in both the Medical Department Equipment Ledger and on the pertinent plant account card. No change in book value will be required during the life of the item."--H. L. PUGH

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48-112

BuMed Circular Letter No. 48-112

8 October 1948

To: Commandants, All Naval Districts, Potomac River Naval Command, and Chief,
Naval Air Reserve Training Command.

Attn: District and Staff Medical and Dental Officers.

Subj: Roster Report of the Hospital Corps, Inactive Naval Reserve, (NavMed HC-4);
Submission of.

Ref: (a) Par. 518 Manual Medical Department, 1945.

1. Pending revision of reference (a) addressees are requested to submit subject report quarterly on 1 October, 1 January, and 1 April, showing changes in status only of enlisted Hospital Corps personnel of the Naval Reserve occurring during the preceding quarter.

2. Annually on 1 July a complete report shall be submitted showing changes occurring during the preceding quarter, and total remaining on board arranged alphabetically by name and rating.

3. Tabulated lists for quarterly and annual reports should show the number of Hospital Corpsmen on board by rating and technical specialty; separated by category to indicate Naval and Marine Corps Reserve, Organized and Volunteer Surface, Submarine and Air Groups, Fleet Reserve Groups, and members of the Women's Reserve.--C. A. SWANSON

BuMed Circular Letter No. 48-113

11 October 1948

To: Comdts., Naval Districts and River Command.

Subj: List of Regional Medical Directors, Public Health Service, Federal Security Agency.

Ref: (a) U.S.P.H.S. ltr. SR-LH, to BuMed, dtd 14 Sep 1948.

Encl: 1. (HW) Subject list.

1. By Ref. (a) the United States Public Health Service indicated a desire to have the enclosed information transmitted to naval installations with the assurance that the Public Health Service District Offices will do their utmost to facilitate solution of community health problems of interest to the Office of National Defense.--C. A. SWANSON

FEDERAL SECURITY AGENCY
Public Health Service
Washington 25, D. C.

<u>REGIONAL MEDICAL DIRECTORS</u>	<u>REGION</u>	<u>STATES COVERED</u>	<u>REGIONAL HDQTRS.</u>
Medical Director Alfred J. Aselmeyer	I	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island	Federal Security Regional Office #1 120 Boylston Street Boston, Mass.
Medical Director Henry A. Holle	II	New York, Pennsylvania, New Jersey, Delaware	U. S. Sub-Treasury Bldg. 15 Pine Street New York 5, N. Y.
Medical Director Winfield K. Sharp, Jr.	III	Maryland, District of Columbia, West Virginia, Virginia, North Carolina	(Temporary) 900 N. Lombardy St. Richmond 20, Va.

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REGIONAL MEDICAL DIRECTORS	REGION	STATE COVERED	REGIONAL HDQTRS.
Medical Director Arthur B. Price	IV	Michigan, Ohio, Kentucky	1100 Chester Avenue Cleveland
Medical Director Frank V. Meriwether	V	Minnesota, Wisconsin, Illinois, Indiana	852 U.S. Customhouse Chicago 7, Ill.
Medical Director Calvin C. Applewhite	VI	Tennessee, Mississippi, Alabama, Florida, South Carolina, Georgia	1539 Jackson Avenue New Orleans 13, La.
Medical Director Joseph O. Dean	VII	North Dakota, South Dakota, Nebraska, Kansas, Iowa, Missouri	(Temporary) 417 East 13th St. Kansas City 6, Mo.
Medical Director Knox E. Miller	VIII	Louisiana, Arkansas, Texas, Oklahoma, New Mexico	1114 Commerce, Room 513 Dallas 2, Texas
Medical Director L. B. Byington	IX	Montana, Idaho, Wyoming, Utah, Colorado	Room 304, New Custom- house Denver 2, Colorado
Medical Director Walter T. Harrison	X	Washington, Oregon, California, Nevada, Arizona	239 Federal Office Bldg. San Francisco, Calif.

BuMed Circular Letter No. 48-114

13 October 1948

Subj: Serologic Test for Syphilis, Request for Information on its Use on Applicants for the Organized Naval and Marine Corps.

This letter is not reprinted herein as it will have served its purpose upon receipt of requested one-time information from the commandants of all naval districts and river commands.

BuMed Circular Letter No. 48-115

21 October 1948

To: Commandants, NavDists (Continental); NavHosp (Continental); SubBase, New London, Conn.; NAS (Atlanta, Ga.; Dallas, Tex.; Glenview, Ill.; Grosse Ile, Mich.; Lambert Field, St. Louis, Mo.; Miami, Fla.; Olathe, Kans.; Patuxent River, Md.; Seattle, Wash.); NavSta (New Orleans, La.; Orange, Tex.; Tongue Point, Ore.); NavOrdPlant, Pocatello, Idaho.

Subj: Naval and National Cemeteries; List of.

Ref: (a) BuMed Circ. Ltr. 47-151.

1. In view of the limited number of grave sites available at the time, Fort Rosecrans National Cemetery was not included among National Cemeteries listed in reference. Additional grave space has since been acquired, and Fort Rosecrans National Cemetery, San Diego, California, may now be added to the list of National Cemeteries available for burial of the remains of those who die while on the active or retired list of the Navy and Marine Corps who have had honorable service therein.--C. A. SWANSON

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48-116

BuMed Circular Letter No. 48-116

25 October 1948

To: Comdts., All Naval Districts, Potomac and Severn River Naval Commands, Chief, Naval Air Training, and Fleet and Force Commanders.

Attn: District and Staff Medical Officers.

Subj: Training of Hospital Corps Enlisted X-ray Technicians in Photodosimetry.

1. It is the desire of the Bureau that a sufficient number of enlisted personnel of the Hospital Corps be trained in photodosimetry technic to meet the needs of the service. In order that this training may be expedited, it is requested that insofar as practical one or more Hospital Corps X-ray technicians, previously trained and designated in this specialty, be assigned in each administrative command to temporary additional duty to instruct as many X-ray technicians on board in activities of the command as circumstances will permit.

2. A list of the names of those previously qualified has been published to the Service in a recent revision of the Directory of Hospital Corps Technicians.

3. Upon completion of instruction it is requested an appropriate entry be made in each man's service record, and a list submitted to BuMed by name of those men qualifying in Photodosimetry technic.--C. A. SWANSON

JOINT LETTER-- BuPers-- BuMed

BuMed Circular Letter No. 48-118

5 November 1948

To: All Ships and Stations.

Subj: Aviation Selection Tests; modification of requirements.

Ref: (a) BuPers BuMed Joint Ltr. BuMed-537-HJO-as BuPers A21/P11-1 dated 14 May 1948 (BuMed C/L No. 48-56A.)

1. Reference (a) is hereby cancelled.

2. Effective this date all applicants for flight training, officer, enlisted and civilian, will be required to obtain the following scores on the flight aptitude rating tests:

ACT C
MCT C
FAR D

3. All previous instructions in conflict with these requirements are hereby modified.
--T. L. SPRAGUE --C. A. SWANSON

BuMed Circular Letter No. 48-119

5 November 1948

To: All Naval Hospitals, Hospital Ships, and Hospital Corps Schools.

Subj: Utilization of Medical Training Films and Film Strips, report of.

Ref: (a) NavMed P-150, Catalog of Medical Training Films, (Revised April 1948).

1. The Bureau of Medicine and Surgery recently conducted a survey on the availability and utilization of medical training films and film strips. As a result of this survey, it was determined that the utilization of medical training films and film strips is below the standard deemed necessary for adequate training of all Medical Department personnel.

2. Reference (a) lists 116 Navy produced medical training films and film strips. It is desired that these training aids be utilized to the fullest extent to further the training of Medical Department personnel. All Navy medical training aids are available on a loan basis from the local Training Aids Library. Permanent copies of films will be granted in cases where the loan distribution, as provided by the Training Aids Libraries, fails to meet the demands of the requesting activities.

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3. In order that the Bureau of Medicine and Surgery may be cognizant of the overall utilization of medical training films and film strips, each addressee is directed to report by letter, the information requested below, on 30 June of each year.

MEDICAL TRAINING FILMS AND FILM STRIPS ON HAND

Identification No. and Title of Medical Training Aid	No. of Prints on Hand	No. of Screenings	No. of Personnel Viewing Film
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MEDICAL TRAINING FILMS AND FILM STRIPS PROCURED
FROM TRAINING AIDS LIBRARY ON A LOAN BASIS

Identification No. and Title of Medical Training Aid	No. of Screenings	No. of Personnel Viewing Film
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4. Comments and recommendations relative to the distribution, availability and utilization of medical training films and film strips are desired.—C. A. SWANSON

BuMed Circular Letter No. 48-120

8 November 1948

To: All Ships and Stations.

Subj: Venereal Disease Educational Leaflets, Availability of.

Refs: (a) G. O. #225.
(b) BuPers C/L No. 76-48; N.D. Bulletin of 30 Apr 1948, 48-308.

1. The series of venereal disease educational leaflets which have been distributed to the Service should be utilized for general education of all naval and Marine Corps personnel in the cause, effect, and prevention of venereal disease. Display and distribution may be made through wall racks, while men are assembling for venereal disease educational movies, after lectures, or they may be used as the basis of a short lecture and discussion by non-medical personnel with small groups of men.

2. The following leaflets are now available and will be stocked at all District Publications and Printing Offices for distribution as requested on the basis of one per five men:

NavMed-1240	(Nov-47)	CHANCROID
NavMed-1241	(Nov-47)	SYPHILIS
NavMed-1242	(Nov-47)	GONORRHEA
NavMed-1280	(Jun-48)	GRANULOMA INGUINALE
NavMed-1281	(Jun-48)	LYMPHOGRANULOMA VENEREUM

3. Additional educational material is being prepared for use in the venereal disease educational program which will assist those responsible for administering the program.
—C. A. SWANSON

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48-122

BuMed Circular Letter No. 48-122

9 November 1948

To: Commandants, Naval Districts and River Commands.

Subj: Venereal Disease Contact Investigation, Request for Training of Interviewers.

Refs: (a) E Med C/L No. 47-88.
(b) Par. 1521, MMD.
(c) Par. 5135, MMD.

*Encs: 1. "Interviewer's Aid", NavMed-P-1288.
2. Leaflet, "Why Am I Being Interviewed", NavMed-P-1282.

*NOTE: (Enclosures not reprinted herein. Available on request.)

1. The Bureau appreciates the splendid action taken in compliance with Par. 3 of Ref. (a) in initiating an indoctrination course for Interviewers. However, the Venereal Disease Contact Reports (NavMed-171) have not materially improved, which may be due in part to the rapid turnover of Contact Interviewers, type of personnel assigned, and inadequate instruction in proper interviewing technique and completion of the Venereal Disease Contact Report (NavMed-171).

2. An Interviewer's Aid has been prepared to assist in training contact interviewers and further to assist in patient education. This publication contains basic information on the venereal diseases, their cause, effect, epidemiology, methods for eliciting information by the interviewer, a copy of the contact report form and instructions for routing, and eleven visual aids, which should prove to be of inestimable value in patient reeducation. In addition, a leaflet entitled "Why Am I Being Interviewed" has been prepared for issue to the venereal disease patient prior to the contact interview. This leaflet explains the nature of the interview and emphasizes the need for the name and address of the contact, and stresses the tactful approach by the health department to the contact.

3. It is requested that the Commandant require each Naval and Marine Corps activity to select for contact interviewing one or more Hospital Corpsmen, as necessary, having at least one year's shore duty remaining, and who have initiative, tact, and understanding. Instruction of at least five days duration for these Interviewers should be held at an early date. The services and assistance of local public health authorities should be utilized in training Interviewers. It is particularly desirable that these corpsmen receive instruction in the use of the Interviewer's Aid, visual aids, methods for eliciting contact information, need for adequate information, prompt submission of the Venereal Disease Contact Report (NavMed-171), and the procedures established by the public health authorities to trace contacts. A report of such instruction, names of personnel instructed, and stations assigned should be included in the report required by Ref. (c).

4. The importance of venereal disease contact investigation cannot be too strongly emphasized. By the proper completion and prompt submission of reports of all contacts of venereal disease cases in the Navy, public health and civilian authorities will be enabled to reduce the reservoir of infection in the civilian communities to the benefit of both civilian and military personnel. Reeducation of the venereal disease patient is another important function of contact investigation. The reeducation process undertaken with the patient focuses upon a reenforcement of his factual knowledge and attitudes toward venereal disease and aims at preventing repeat infections.

5. BuMed will make distribution of the "Interviewer's Aid" (NavMed-P-1288) and the leaflet "Why Am I Being Interviewed" (NavMed-P-1282) to the Commandants of Naval Districts (DMO) and River Commands (SMO) for training purposes and distribution to all activities within district boundaries. District Publications and Printing Offices will receive sufficient copies for further distribution as necessary.--C. A. SWANSON

BuMed Circular Letter No. 48-123

12 November 1948

Subj: Advance Change 3-6, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 48-124

15 November 1948

To: Special Distribution List

Subj: Naval Medical Supply Depot, Guam, M. I.; Mission of.

Refs: (a) CNO ltr Op-4OU-1er, L8-2, Serial 798P40, dtd 25 Oct. 1948.
(b) BuMed Circular Letter No. 48-33.

1. In accordance with the authority contained in reference (a), paragraph 1(c) is changed to read:

"To provide medical supply support to Naval forces afloat at or calling at Guam."

--C. A. SWANSON

BuMed Circular Letter No. 48-125

17 November 1948

To: MedOfsCom NavMedCens and NavHosps

Subj: Naming of Roads, Streets, Circles, etc.; BUMED Policy with reference to.

1. The policy of the Bureau of Medicine and Surgery with reference to the naming or renaming of roads, streets, lanes, circles, athletic fields, and similar installations within the limits of naval medical centers and naval hospitals is as follows:

(a) Uniformity in naming methods, rather than freedom for each medical officer in command to assign names as he sees fit, shall be effected by retaining this authority within the Bureau. Henceforth, all installations shall be named only upon written approval of the Bureau.

(b) Names shall be given only to carefully selected permanent installations. Major avenues shall be named after especially distinguished Medical Department officers and enlisted personnel.

(c) Only distinguished deceased persons shall be so honored.

(d) The names so used should be permanent and not subject to change. No installation shall be redesignated if already named for a deceased hero. Installations now named for living persons will not be renamed except when recommended by local command and approved by the Bureau.

(e) The names used should usually be those of persons whose birth or principal service was in the local community. In cases wherein the names of next of kin or descendants of the person so honored are available to the Bureau, these relatives will be informed by the Bureau of the action taken.

(f) The names of officers and enlisted men of all corps of the Medical Department will be used and duplication in the use of names will be avoided so far as possible.

2. Medical officers in command of activities which contain streets and other installations presently unnamed or inappropriately named are requested to submit to the Bureau suggestions for naming or renaming these installations.--C. A. SWANSON

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48-126

BuMed Circular Letter No. 48-126

17 November 1948

Subj: Physical Inventory of Facilities Located at BuMed Management Control Activities; completion of.

Not reprinted herein. Individual action copies of this letter were sent to the BuMed management control activities. This letter will have served its purpose after the prescribed inventories have been completed and the covering property record cards forwarded as directed by 1 January 1949.

BuMed Circular Letter No. 48-127

17 November 1948

Subj: Letters written to next of kin in cases of death occurring in naval hospitals.

Not reprinted. This letter, which was addressed to the naval hospitals, will have served its purpose upon receipt in BuMed of requested examples of subject letters.

JOINT LETTER--BUPERS--BUMED--MARCORPS

BuMed Circular Letter No. 48-128

22 November 1948

To: MOinCs, NavHosps within Continental U. S.; Commanders, All Naval Training Centers; COs, All MarCorps Activities, Continental U. S.

Subj: Authority to take final action on certain reports of medical survey in cases of male enlisted or inducted personnel.

Refs: (a) MarCorps-BuMed Jt. Ltr. MarCorps 1500-120, DGK-112-dmah, dtd 12 Sept. 1945. (BuMed C/L 45-225.)

(b) BuPers-BuMed Jt. Ltr. Pers-66-SRJ, P3-5; BuMed-3322-RAB-imb, P2-5, dtd 7 October 1946. (BuMed C/L 46-149.)

(c) BuPers-BuMed Jt. Ltr. Pers-66-JMS, P3-5; BuMed-3322, P3-5, dtd 11 February 1947. (BuMed C/L 47-13.)

(d) BuMed Circ. Ltr. 45-43, dtd 21 February 1945.

(e) Para. 3318 Manual of the Medical Dept. (Rev. 1945.)

(f) BuPers-BuMed Jt. Ltr. Pers-65-ems, P19-1; BuMed-A18-1/P14-6, dtd 5 August 1948.

(g) BuMed dispatch 181445, August 1948.

(h) Mar Corps L.O.I. No. 971 dtd 6 March 1945.

(i) Selective Service Act of 1948 - Public Law 759-80th Congress.

(j) Physical standards and physical profiling for enlistment and induction (A.R. 40-115).

(k) BuPers ltr. Pers-651-AJD, dtd 20 November 1942.

Encl: (1) Secretary of Defense Memorandum of 2 August 1948. (Not reprinted herein.)

1. References (a), (b), (c), (d), (e) and (k) are cancelled. References (f), (g), and (h) (not to all and not needed) are modified insofar as they relate to Reports of Medical Survey.

2. In accordance with Section 4(b) of the Selective Service Act of 1948, the Secretary of Defense has prescribed physical and mental standards and procedures governing the discharge of persons inducted into the Armed Forces pursuant to the Act. These standards for discharge prescribed by the Secretary are forwarded herewith as Enclosure (1), and are effective upon receipt, applicable to all male personnel, that is, 18-year old 1-year enlistees (USNEV and USMC-V), inductees, enlisted USN and USMC, and reserves on active duty. Reference (j), Army Regulations No. 40-115, supersedes M. R. 1-9, referred to in Enclosure (1), and has been forwarded for information and guidance.

3. Reference (j) provides a system for indicating a person's physical and mental fitness, termed the Physical Profile Serial or PULHES Classification System, which is self-explanatory. When a question of incapacity for service arises the estimation of a man's functional fitness under this system will be a necessary step in determining whether he shall be retained in service or discharged. The person's physical

profile serial shall be corrected whenever it appears that his physical or mental condition has changed to a degree necessitating reclassification.

4. The Secretary of Defense has directed that during the life of the Selective Service Act, no person, whether enlisted or inducted, will be discharged for medical reasons by any military department if his reclassified physical profile serial (see reference (j)) is at the minimum, or higher than the minimum, profile serial acceptable for induction, provided his services can be utilized effectively. (This includes all male enlisted personnel now in service and those enlisted or inducted in any branch of naval service while the Selective Service Act of 1948 is in effect.) It has been further directed that, in general, any man who has been enlisted or inducted shall be discharged from the U. S. Naval Service for disability (medical reasons) only:

- (a) When in the judgment and opinion of competent medical personnel he has become functionally incapable of performing useful duty during the remainder of his service with due consideration given to whether his scaled-down physical profile serial is consistent with any assignment wherein he could perform useful work within the military department in which he is serving.
- (b) Or when he has a medical condition of such nature that, in the opinion of competent medical personnel, to retain him for further active duty would aggravate such condition to the detriment of his future health and well-being.
- (c) Or when his retention would, in the opinion of competent medical personnel, jeopardize the health and safety of his service associates.

5. In view of the foregoing, when reevaluation of a man's physical fitness for continuation in service becomes appropriate, his functional ability as measured by the physical profile serial (PULHES Classification) is to be determined. At the present time the minimum profile serial for induction is "3" in any column of the PULHES chart (page 10 of reference (j)). In the event a man falls below the prescribed minimum induction standard or the special considerations set forth in paragraph 4 above become applicable in his case, he may be brought before a Board of Medical Survey with a view to recommending his discharge from service.

6. In view of the requirements of the Selective Service Act, all men functionally capable of performing duty are to be retained in service provided they can be assigned to useful duty. When their fitness for full duty is problematical, repeated trials of duty may be justified. When return to full duty is not feasible, return to limited duty may be recommended to the Navy Department by Report of Medical Survey. However, it is the intent of the Navy Department that, whenever possible, men be "returned to duty" rather than recommended for "return to limited duty." In general, the retention of personnel on limited duty will be authorized only if special circumstances apply, such as qualifications based on prolonged service or specialty training, or disability incurred in combat or as a prisoner-of-war, or if the individual's services can be utilized and he is obviously fit for limited duty only.

7. (a) The addressees are hereby authorized to take final action on certain Reports of Medical Survey in the cases of enlisted or inducted men, subject to the restrictions listed in paragraph 8 of this letter, as follows:

- (1) When the Board of Medical Survey recommends return to duty.
- (2) When the Board of Medical Survey recommends retention for further treatment and it is probable that the individual can be returned to a duty status within a reasonable period of time.
- (3) When the Board of Medical Survey recommends transfer of a psychotic patient to another naval hospital or to such other naval medical unit as may be currently designated for such cases. For the mechanics of transfer, refer to paragraph 3310 Manual of the Medical Department.
- (4) When the Board of Medical Survey recommends discharge from service and the individual concerned is unfit for further service by reason of physical or mental disability.

(b) Medical Officers in Command, U. S. Naval Hospitals within Continental U. S. and Commanders, All Naval Training Centers are authorized to take final action locally, only in the cases of Navy personnel (USN, USNEV, USNR and inducted).

(c) Commanding Officers, All Marine Corps Activities, Continental U. S. are authorized to take final action locally, only in the cases of Marine Corps personnel (USMC, USMC-V, USMCR and inducted).

8. All Reports of Medical Survey wherein the following provisions are applicable, shall be forwarded via BuMed to BuPers or MarCorps, as appropriate, for final action:

- (a) Those involving personnel recommended for return to limited duty. It is emphasized that such recommendations are to be kept at an absolute minimum.
- (b) Those involving personnel requiring further hospitalization who are recommended for transfer to a hospital other than a naval hospital except in accordance with paragraph 7(a)(3) of this letter.
- (c) Those involving personnel requiring further hospitalization who are recommended for discharge from service and retention for continued treatment as supernumeraries.
- (d) Those involving personnel who have completed 14 or more years of active naval service and whose discharge from service, transfer to the Fleet Reserve or transfer to the retired list (either from the active list or the inactive Fleet Reserve) is recommended.
- (e) Those involving personnel recommended for discharge from service who present disability incurred in combat or incident to service as a prisoner-of-war and who desire to be retained in service. (In forwarding such reports information should be included as to the type of duty the individual is considered capable of performing and whether such assignment in active service would be likely to result in aggravation of disability. A signed statement of the man as to the action he desires, shall be forwarded with the Report of Medical Survey.)
- (f) Those involving an individual who has disciplinary action pending.
- (g) Those involving an individual with disability considered by the Board to have been the result of his own misconduct.
- (h) Those in which the individual submits a statement in rebuttal.
- (i) Those in which discharge from service is recommended because the individual refuses surgical operation or other treatment for disability which is correctable and should be corrected under the provisions of existing regulations.
- (j) Those in which the addressee having authority to take final action considers that the individual should be discharged by reason of unsuitability, inaptitude, unfitness or for other reasons rather than disability (medical survey).
- (k) Those in which the addressee having authority to take final action considers it preferable to forward the report to the Navy Department for action.
- (l) Those involving personnel recommended for discharge with one of the following diagnoses: (1) No Disease, (2) Alcoholism, (3) Drug Addiction, (4) Pathological Sexuality or Sexual Perversion, (5) Operational Fatigue, (6) Motion Sickness, (7) Constitutional Psychopathic Inferiority, (8) Personality Disorder, (9) Schizoid Personality.

9. In the cases of Navy personnel (USN, USNEV, USNR and inducted), when final action is taken on Reports of Medical Survey in accordance with paragraph 7 of this letter, the original and one copy of the report shall be forwarded to BuMed, indicating by endorsement thereon, the action taken. If the individual concerned is transferred to a separation activity for discharge, one copy of the report shall be placed in his service record.

10. In the cases of Marine Corps personnel (USMC, USMC-V, USMCR and inducted), when the Medical Officer in Command of a naval hospital has approved a Report of Medical Survey and final action can be taken locally under the provisions of paragraph 7 above, he shall forward the original and four legible copies to the Commanding Officer of the Marine Corps activity concerned. Upon receipt of such approved reports and when the Commanding Officer of the Marine Corps activity takes final action, the original and one copy of the report shall be forwarded to BuMed and one copy returned to the Medical Officer in Command of the naval hospital from which received, showing, by endorsement thereon, the action taken.

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11. (a) When the Medical Officer in Command of a naval hospital submits a Report of Medical Survey to BuPers or MarCorps via BuMed for final action, in the case of an enlisted or inducted man, he may whenever he considers that the individual does not require retention in the hospital, release him from the sick list and transfer him in a duty status to an appropriate duty station to await Navy Department action.

(b) U. S. Navy personnel released from the sick list under the above conditions, should be transferred from the hospital to the Receiving Station nearest their home of record if recommended for discharge, or the Receiving Station nearest the hospital if recommended for return to duty. U. S. Marine Corps personnel should be transferred to the Marine Corps Barracks nearest the hospital.

(c) In the above cases, the Medical Officer in Command shall indicate, by endorsement on the Report of Medical Survey, the temporary disposition effected. The Report shall be submitted to BuPers or MarCorps, as appropriate, via BuMed in original and four copies. If the man is transferred, one additional copy shall be forwarded to the station of transfer.

(d) At the discretion of the Commanding Officer of the Receiving Station or Marine Barracks and with the advice of the Medical Officer of the station in each individual case, these men may be assigned such specific duties as are compatible with and will not aggravate their physical condition, while awaiting action by BuPers or Commandant, Marine Corps, as appropriate.

12. No man who has completed ten or more years' active service, shall be discharged from the U. S. Navy or U. S. Marine Corps by reason of disability without first having been informed of his privilege of submitting an application for a naval pension under Revised Statutes 4756-57.

13. From time to time, as the needs of service demand, directives may be promulgated which temporarily will broaden or restrict the authority herein delegated for final action on certain classes of enlisted or inducted personnel. --T.L. SPRAGUE--C. B. CATES
--C. A. SWANSON
Approved: John Nicholas Brown
Acting Secretary of the Navy

BuMed Circular Letter No. 48-129

22 November 1948

To: MOinCs, NavHosps within Continental U.S.; Commanders, All Naval Training Centers; COs, All MarCorps Activities, Continental U. S.

Subj: Neuropsychiatric Officer Personnel, Transfer of.

Refs: (a) Joint BuPers-BuMed-MarCorps Circular Letter, Pers-66-JMS P3-5, BUMED-3352-FGS-keh P3-5, MARCORPS-DGK-356-m1a, dated 22 Nov 1948. (BuMed Circ. Ltr. No. 48-128).
(b) Par. 3310.1, ManMedDept.
(c) Par. 3318, ManMedDept.
(d) Par. 16B25, ManMedDept.

1. It will be noted that reference (a) cancels the present paragraph 3318 of the ManMedDept. Further, it will be noted that paragraph 3310.1 (promulgated by Advance Change 3-2, ManMedDept) makes reference to paragraph 3318.2(a) in defining the action to be taken in the transfer of neuropsychiatric officer personnel. Pending the promulgation of revised paragraphs 3310.1 and 3318, the following interim change should be made in the Manual of the Medical Department:

Paragraph 3310.1, 4th sentence: Delete the words "is outlined in paragraph 3318.2(a)".

2. The U. S. Naval Hospital, Houston, Texas, has been designated for the treatment of neuropsychiatric patients belonging to the Navy or Marine Corps. Modification of reference (d) is being made to reflect this change.--C. A. SWANSON

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BuMed Circular Letter No. 48-130

22 November 1948

To: MedOfCom, NavHosps, within Continental U. S.

Subj: Marine Corps personnel brought before Boards of Medical Survey, disposition in cases with disciplinary action pending.

Refs. (a) BuMed Circ. Ltr. No. 44-3 of 5 Jan 1944.
(b) Joint BuPers-BuMed-MarCorps Circular Letter, Pers-66-JMS P-3-5, BUMED-3352-FGS-keh P3-5, MARCORPS-DGK-356-mla dtd 22 Nov 1948 (BuMed Circ. Ltr. No. 48-128).

1. Reference (a) is hereby canceled in view of the provisions of reference (b).
--C. A. SWANSON

BuMed Circular Letter No. 48-131

23 November 1948

To: All Medical Department Activities

Subj: Dental Standards

1. The following is quoted from ALNAV #242 dated 13 November 1947: "EFFECTIVE IMMEDIATELY PHYSICAL STANDARDS FOR ENLISTMENT AND REENLISTMENT IN THE REGULAR NAVY AND CLASS V DASH 6 NAVAL RESERVE ARE MODIFIED AS FOLLOWS X PAREN ABLE PAREN DENTAL REQUIREMENTS COLON APPLICANTS MUST BE WELL NOURISHED AND HAVE GOOD MUSCULATURE COMMA BE FREE FROM GROSS DENTAL INFECTIONS AND HAVE A MINIMUM REQUIREMENT OF AN EDENTULOUS UPPER JAW AND SLANT OR AN EDENTULOUS LOWER JAW CORRECTED OR CORRECTIBLE BY A FULL DENTURE OR DENTURES X" This ALNAV only modified the dental standards for enlistment and reenlistment of men in the Regular Navy and Class V-6 Naval Reserve. It did not modify the dental standards for qualification for appointment as commissioned and warrant officer USN and USNR, which remain as stated in paragraphs 2150 and 2151 Manual of the Medical Department, U. S. Navy. Paragraph 2118, Manual of the Medical Department should be used as a guide in applying dental standards when examining members of the Naval Reserve and the Marine Corps Reserve.
2. The following is quoted from ALMAR #47 dated 30 July 1948: "REFER PARA 9 QUOTE PHYSICAL STANDARDS FOR ENLISTMENTS AND REENLISTMENTS UNQUOTE OF LTRINST 1594 X DELETE PHRASE QUOTE AS MODIFIED BY ALNAV DASH 242 DASH 47 COMMA UNQUOTE" This ALMAR reestablishes the dental standards for enlistments and reenlistments in the Marine Corps as they are stated in paragraph 2150 Manual of the Medical Department, USN.
3. The dental standards for enlistment or reenlistment of men in the Navy and Marine Corps are therefore not alike.
4. The dental standards for enlistment or reenlistment of women in the Navy and Marine Corps are as specified in paragraph 2150, Manual of the Medical Department, U. S. Navy and paragraph 3(c) BuPers C.L. No. 116-48 published in 30 June 1948 Navy Department Bulletin.
5. The dental standards to qualify for appointment as Midshipman U.S.N. for the U.S. Navy Academy, Midshipman and Contract Student U. S. Naval Reserve Officers Training Corps, Midshipman Merchant Marine Academy and other officer training programs are as specified in paragraph 2152 Manual of the Medical Department, U. S. Navy.
--C. A. SWANSON

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BuMed Circular Letter No. 48-132

29 November 1948

To: All Ships and Stations.

Subj: Wilmot Castle Overhead Operating Light, Installation Check of.

Ref: (a) BuMed C/L 48-109.

Encl: 1. Installation Check Sheet, Castle No. 12 Light. (Not reprinted herein. Reproduced in the Navy Department Bulletin, Item 48-889.)

1. Information has been obtained from several sources of installation failures of Wilmot Castle No. 12, Overhead Operating Light. The failure has consisted of a screw nut and set nut becoming unscrewed or sheared off resulting in the falling of the lamp.

2. The enclosed drawing with instructions describe the manufacturer's suggestions for checking the lamp installation.

3. All failures concerning subject light shall be reported in accordance with the procedures as outlined in Ref. (a).--C. A. SWANSON

BuMed Circular Letter No. 48-133

29 November 1948

To: DMOs; DDOs; and MedOfsCom, NavHosps

Subj: Clinical Research in Naval Hospitals.

Ref: (a) BuMed Circ. Ltr. 48-46.

Encl: 1. NavMed 138 (Rev.). (Not reprinted herein. Available upon request.)

1. Reference (a) stresses the importance of medical research in the Navy.

2. Clinical material available in Naval Hospitals provides an excellent source for research in medicine, surgery, dentistry and the ancillary specialties.

3. In order to ensure organization and continuity of research effort in Naval Hospitals, an officer designated by the Medical Officer in Command shall be assigned collateral duty as Chief of Research. It shall be his duty to organize, stimulate and supervise clinical investigation pertaining to any or all of the professional services, and to encourage medical department officers, including residents and interns, in learning and applying the techniques and philosophy of clinical research.

4. Good liaison between the major services and the ancillary specialties will be required in order to develop an effective program. It is therefore suggested that Chiefs of Service and civilian consultants be employed in an advisory capacity to the Chief of Research.

5. Cooperation and minor assistance will be furnished informally by Naval Medical Research Establishments if requested. Formal application for more extensive consultation, including statistical assistance, should be addressed to the Bureau.

6. Research proposals should be submitted on NavMed 138 (revised), samples enclosed, to the Chief of the Bureau of Medicine and Surgery for consideration. Such proposals, if approved, will be formally established as projects, the proposing agency will be so advised, and necessary funds will be allocated in support.--C. A. SWANSON

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BuMed Circular Letter No. 48-134

29 November 1948

Subj: Radiological Safety Regulations, Changes to.

This letter promulgated changes to Enclosure (A) of BuMed C/L 48-10. Individual copies have been sent to the holders of the "Radiological Safety Regulations." Copies available from BuMed upon request.

BuMed Circular Letter No. 48-135

1 December 1948

To: Medical Officer in Command, U. S. Naval Hospitals, U. S. National Naval Medical Center, Bethesda, and U. S. Naval Medical Center, Guam.

Subj: Collection and reporting payment of Utilities of Commissioned Officers' Messes (open) ashore.

Ref: (a) BuPers Circ. Ltr. No. 135-48, N. D. Bulletin 48-554, 31 July 1948.

1. Attention of addressees is invited to the requirements of ref (a).
2. Those activities having Commissioned Officers Messes (open), who have not already done so, will collect on an actual or estimated basis charges for utility services furnished and consumed in connection with any social, entertainment or recreational activities of such messes, as distinguished from activities primarily related to the function of providing adequate meals for Naval Personnel.
3. Collection for such services will be reflected in quarterly reports as follows:

(a) Dr a/c 42	xx.xx (E305 (11)	) For actual or
Cr a/c 41	xx.xx (E109A (12)	) estimated proration
4. Revised Hospital Accounting Instructions will be amended to conform to reference (a) in a change to be issued in the near future.--H. L. PUGH

BuMed Circular Letter No. 48-136

1 December 1948

To: Special Distribution List

Subj: Naval Medical Supply Depot, Pearl Harbor, T. H.; Mission of.

Refs: (a) CNO ltr. Op-40E-1er, FF(23)/A3-1, Serial 933P40, dtd 19 November 1948.
(b) BuMed Circular Letter No. 48-23.

1. In accordance with the authority contained in reference (a), paragraph 1(a) of reference (b) is changed to read as follows:

"To procure, store, prepare for shipment and deliver to transshipment agencies standard medical supplies and equipment for all U. S. Naval and Marine Corps activities and forces of or calling at the 14th naval district, including Midway and Palmyra Islands. (This shall in no way be interpreted as altering directives relative to regularly established medical supply requisitioning channels.)"

--C. A. SWANSON

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BuMed Circular Letter No. 48-137

2 December 1948

To: MedOfCom., Naval Hospitals; U. S. Naval Medical Supply Depots; National Naval Medical Center, Bethesda, Md.; Naval Medical Center, Guam, M. I.

Subj: Periodic pay increases of civilian employees.

Refs: (a) BuMed Circular Letter No. 47-52.
(b) BuMed Circular Letter No. 47-74.
(c) BuMed Circular Letter No. 47-81.
(d) NCPI 195.

1. References (a), (b) and (c) are hereby canceled.

2. The most recent revision of reference (d) extends eligibility for periodic pay increases to temporary indefinite and emergency indefinite employees on or after 1 July 1948. Further, employees in positions of master, foreman, chief training supervisor, senior training supervisor, training supervisor and apprentice supervisor are eligible for periodic pay increases; such increases are to be effected in accordance with NCPI 195.9.--H. L. PUGH

BuMed Circular Letter No. 48-138

3 December 1948

To: All Medical Department Activities where Nurses are assigned.

Subj: Change in Uniform of Navy Nurses.

1. Because of the many inquiries that have reached this office concerning the changes in the uniform of the Navy Nurse Corps, the following is published for the information of all Navy Nurses:

(a) When it was known that the WAVES were to become a permanent part of the Navy, it was suggested that a uniform to be worn by all the women of the Navy be designated. One uniform would exemplify the general unification of the military groups and would lessen the difficulty of procuring and distributing the uniforms. Each corps, of course, would retain its distinctive corps device, following the custom of the male officers of the Navy.

(b) A committee of six, composed of the Director of the WAVES and two WAVES officers, one from her Washington office and one from the New York area, and the Director of the Nurse Corps and two officers of the Nurse Corps, one from her Washington office and one from the New York area, met to consider the new uniform.

(c) The matter was next taken up with the Naval Uniform Board, and it was decided to consult a designer of women's clothes. Mainboucher, of New York, was selected. A conference was held and uniforms were made in accordance with the specifications agreed upon. They were modeled for the Secretary of the Navy and members of the Naval Uniform Board, but did not receive official approval at the first showing. However, after various modifications they were approved at a later showing. At the first showing Mainbocher pointed out that he considered the lighter shade of Navy blue and the blue stripes more feminine and flattering to the average woman in the service than the darker shade of blue and the sharply contrasting gold stripes.

(d) The street uniform designated does follow the style, color and material of the uniform worn by the WAVES during the war, except for changes in the skirt, which has been given additional fullness and made to conform to the prevailing mode in length.

(e) There has been no change made in the white ward uniform and cap, nor in the cape.

(f) An evening or dress uniform has been added to the list of uniform items.

(g) Some minor changes have been made in the grey seersucker uniform but the dress is basically the same and the changes do not affect its usefulness for certain overseas bases and aboard ship.

(h) While the new uniform has been approved and designated as the uniform for the women of the Navy, the present uniform may be worn until July of 1952.

2. I confidently believe this change of uniform to be in the best interests of the Navy Nurse Corps. --C. A. SWANSON
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BuMed Circular Letter No. 48-139

6 December 1948

To: All Ships

Subj: Caskets and Embalming Sets, Requirements for.

Ref: (a) NavRegs., 1920, Arts. 908(3) and 1841(6).
(b) ManMedDept., 1945, Pars. 3420, 3422 and 3423.

1. In times of peace, it is essential that ships of the Active Fleet be in a position to comply with the intent of the provisions of references (a) and (b), where possible.

2. The presently established allowance of subject items is: One (1) Casket for each 500 complement and one (1) Embalming Set per ship of 500 or larger complement. Troop and passenger carrying ships are to include total personnel capacity when computing requirements.

3. Ships are to requisition required Caskets, Shipping, Metal, Type A, Grade 1, Large, Stock No. 7-996-175, and the Embalming Set, Stock No. 9-195-500, from the nearest Naval Medical Supply Depot. Attention is invited to the fact that the expendability of above items differs, therefore, separate NavMed-4 requisitions are required for each.

4. The approximate dimensions of above casket with outer box are: 33" wide, 28" deep, and 90" long. Ships not having access opening to below deck (protected) storage adequate to accomodate above casket are exempted from carrying the casket/s.

5. Hospital ships are referred to the AHL2-17 Medical Commissioning Allowance List for requirements of subject items.--C. A. SWANSON

BuMed Circular Letter No. 48-140

6 December 1948

To: All Stations

Subj: Plant Account Property, Information on Coding from Item Descriptions.

Refs: (a) SecNav ltr: M625/ERC:hkc over Serial 138, dated 10 May 1946.
(b) Facilities Inventory Handbook (NavExos P-406, dated November 1946).
(c) BuMed Circ. Ltr. 46-166.

1. In order to exercise inventory control effectively, the tens of thousands of different items used and stocked by the armed services must be uniformly classified according to their functions and/or physical characteristics into a relatively few categories to simplify record keeping and administrative control. In addition to a classification system, it is important that each category and subdivision thereof be coded for easy reference.

2. Reference (b), promulgated by the Secretary of the Navy, stated that the Navy's equipment (Plant Account Property Class 3) would be classified in accordance with the Standard Commodity Classification, and made the application of this classification system a responsibility of the various bureaus. Inasmuch as the Bureau of the Budget, which developed the Standard Commodity Classification, did not carry it beyond the level represented by four digits of the code, the several bureaus were requested by the Office of Naval Material to participate in the development of a more detailed classification, and an expansion of the numerical code to cover the more detailed breakdown.

3. Accordingly, this Bureau undertook the development of a classification and code number for equipment carried in the Army-Navy Catalog of Medical Material and for other Non-Standard Medical and Surgical Equipment on hand in field activities. Results of this effort were incorporated with the results of the other bureaus into a coding manual for use by the Bureau of Supplies and Accounts which was assigned the task of abstracting to punch cards pertinent statistical information from the property-record cards submitted by all field activities.

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4. This classification consists of an expansion of the four-digit structure to a maximum of twelve in which the first two digits represent a major category of equipment. In some cases, a major category represents a broad grouping of many kinds of equipment which perform similar functions or which have similar properties, such as Medical and Related Instruments, Apparatus, and Equipment which comprises Diagnostic Instruments, Dental Instruments, Physiotherapy Apparatus, Veterinary Instruments, etc. In other cases, the grouping is more limited, comprising only a few similar items such as compressors and pumps. For example:

```
33 0000 0000 00 Compressors and Pumps
61 0000 0000 00 Medical and Related Instruments, Apparatus and Equipment
```

5. Since this broad grouping does not provide sufficient detail as to the kinds of equipment included in the major categories, a third and fourth digit have been used to subdivide the original broad groupings. For example:

```
33 0000 0000 00 Compressors and Pumps
33 1000 0000 00 Reciprocating Compressors
33 2000 0000 00 Rotary Compressors
33 2100 0000 00 Lobe Type
33 2200 0000 00 Vane Type
33 2300 0000 00 Screw Type
61 0000 0000 00 Medical and Related Instruments, Apparatus and Equipment
61 1000 0000 00 Medical Diagnostic Instruments, Apparatus and Equipment
61 1100 0000 00 Ophthalmological and Optometrical Examination Instruments,
Apparatus and Equipment
61 1200 0000 00 Ear, Nose, and Throat Examination Instruments, Apparatus and
Equipment
61 1300 0000 00 Internal Examination Instruments, Apparatus and Equipment
61 2000 0000 00 Surgical and Medical Instruments, Except Diagnostic
61 2100 0000 00 Bone Surgery Instruments
61 2200 0000 00 Brain Surgery Instruments
61 2300 0000 00 Eye, Ear, Nose and Throat Instruments
61 2400 0000 00 Gynecological and Obstetrical Instruments
```

6. It will be noted that since major category 33 includes only compressors and pumps whereas major category 61 embraces the entire range of medical instruments, each subdivision of major category 33 supplies a more complete description of the equipment included therein than the corresponding subdivision of major category 61. For example:

```
61 0000 0000 00 Medical and Related Instruments, Apparatus and Equipment
61 1000 0000 00 Medical Diagnostic Instruments, Apparatus and Equipment
61 1300 0000 00 Internal Examination Instruments, Apparatus and Equipment
61 1305 0000 00 Bronchoscopes
61 1305 2000 00 Full Lumen
61 1305 2032 00 Jackson
61 1305 2032 06 6mm x 40 cm
61 1305 3800 00 Lower Lobe
61 1305 3832 00 Jackson
61 1305 3832 05 Adult, 5mm x 45cm
61 1305 7400 00 Standard
61 1305 7432 00 Jackson
61 1305 7432 01 Adolescent, 7mm x 40cm
61 1305 7432 02 Adolescent, Adult, 7mm x 40cm
61 1305 7432 03 Adult, 8mm x 40cm
61 1305 7432 08 Child, 5mm x 30cm
61 1305 7432 29 Infant, 4mm x 30cm
61 1307 0000 00 Carriers
61 1307 0800 00 Cystoscopic
61 1308 0000 00 Cystoscopes
```

7. From the above explanations and illustrations thereof, it can readily be seen that the accurate assignment of code numbers to BuMed items, which represent 20% of the total items being reported, is entirely dependent on the item descriptions recorded on

the property record cards by the activities.

8. During the classification of over one million property record cards, this Bureau has been called upon by Bureau of Supplies and Accounts to assist them in obtaining additional description necessary to complete classification. This, in turn, has required the return of a considerable number of cards to field activities; and, in many other cases, research by the Bureau in order that this gigantic task might be completed by the end of this calendar year.

9. To illustrate the above statement, a property record card (grouped items), submitted by an activity, reported as a description "Intestinal Clamps - 6". The coder, upon reference to her code manual, found that there was no provision for such an item and accordingly placed it in a pending file for review by this Bureau. This review determined, by an identifying model number on the plant account card, that the item could be referred to a specific manufacturer's catalog. Further reference was made and found the item to be a Forceps, Stomach and Intestinal Clamp, a Mayo-Robson's type, 10 inch, box lock. This example of inadequate description is used to point up the need for complete description regardless of the value of item described.

10. Another illustration of inaccurate reporting is that in many cases reviewed by the Bureau it was found that the items reported were not equipment items but rather items of supply. Activities should review the equipment ledgers and make the proper transfer of such items to the supply ledgers in accordance with current instructions.

11. By reference (a), the Secretary of the Navy directed that a physical inventory be initiated as of 1 January 1947 to include all facilities (lands, buildings and improvements, and equipment) located at all naval medical activities under the management control of the Bureau of Medicine and Surgery. Reference (c) published by the Chief, Bureau of Medicine and Surgery, to All Naval Stations and Marine Corps Activities, gave specific instructions pertaining to the inventory and reporting. Accordingly, it is directed that all persons responsible for the inventory and reporting of Medical Department plant account items make every effort to insure complete and accurate records of the plant account.--C. A. SWANSON

BuMed Circular Letter No. 48-141

6 December 1948

To: All Naval Hospitals, Hospital Ships and Medical Supply Depots.

Subj: Streptomycin; procurement and use of.

Ref: (a) BuMed News Letter, Vol. 8, No. 12 (Dec. 6, 1946).

(b) BuMed-4221-JTE:mas, Serial 52640, dtd 25 May 1948 -P3-2(17).

1. Reference (a) outlined the procurement and use of streptomycin and, by reason of the limited availability of this drug, directed requisitioning on a case basis only for those diseases in Group I, with approval of requests for diseases in Group II dependent upon the stock status of streptomycin. Reference (b) approved the establishment of limited stocks of streptomycin, 50 grams, in each naval hospital.

2. In view of recent studies whereby the therapeutic value of streptomycin in certain diseases has been fairly well established, and the fact that production of this drug has risen to the point that it is more readily available, references (a) and (b) are hereby modified as follows:

(a) Without prior reference to the Bureau, hospitals and hospital ships may requisition their requirements for streptomycin for the treatment of diseases outlined in Groups I and II of reference (a), direct from the nearest naval medical supply activity.

(b) Hospitals and hospital ships are now permitted to maintain a maximum stock on hand of streptomycin equivalent to three months, based on issue rate for preceding twelve months.

(c) The procurement and use of streptomycin for the diseases outlined above is authorized for the care and treatment of dependents entitled to such by law.

3. The procurement and use of streptomycin for diseases and conditions other than above requires prior Bureau approval.--C. A. SWANSON

BuMed Circular Letter No. 48-142

13 December 1948

To: All Naval District and Staff Medical Officers

Subj: Training Program for Naval Reserve Hospital Corpsmen - Selection and Assignment of Regular Navy Chief Hospital Corpsmen to Duty at Naval Reserve Training Centers.

Refs: (a) BUMED C/L 47-31.
(b) NavMed Form 1166 (Revised 9-47) "Outlines for Naval Reserve Curricula - Hospital Corps."
(c) BUMED C/L 47-99.
(d) BUMED C/L 47-135.
(e) BUMED C/L 47-141.
(f) BUMED C/L 47-173.

1. Enlisted personnel allowances authorizing the assignment of Regular Navy Chief Hospital Corpsmen with Inspector-Instructors for duty at Naval Reserve Training Centers, including the training of Naval Reserve Hospital Corpsmen, have been published recently by the Navy Department to all Naval Districts concerned.

2. It is requested that special emphasis be placed upon this training program by all Medical Department officers concerned. The organization of classes and the procedures for instruction will continue to follow the outline published in references (a) and (b). Additional copies of reference (b) are available from this Bureau upon request. Medical supplies and equipment adequate to accomplish this instruction are available at medical supply depots, and methods of procurement are outlined in reference (c).

3. The following desirable qualifications for selection of Regular Navy Chief Hospital Corpsmen for this duty at Naval Reserve Training Centers are hereby established:

(a) Minimum of eight years total active naval service including two years sea service, six months or more of which must have been served on board a naval vessel.

(b) Minimum of eighteen months remaining on current tour of shore duty in the continental United States.

(c) Minimum of eighteen months obligated service remaining on current enlistment.

(d) High school graduate or equivalent education.

(e) Good conduct record.

(f) Applicant insofar as practicable should be a volunteer, should have teaching ability, and be recommended by his commanding officer.

4. The tour of duty on these assignments will be for a maximum of three years and it is assumed will be accompanied in most instances with subsistence allowances.

5. In order that a Directory of qualified Hospital Corpsmen may be established for the use of both Bureau and Administrative Commands, it is requested all District and Staff Medical Officers have each naval activity within their respective jurisdictions report the names and number of all Chief Hospital Corpsmen currently on board who are considered qualified and are recommended for this important duty. A combined report shall be submitted to BUMED for designation of applicants as Hospital Corps Instructors and for incorporation of names in the current Directory of Hospital Corps Technicians.

6. It is further directed that a brief quarterly progress report in duplicate letter form, quoting this Circular Letter as authority, be submitted by all District Medical

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Officers concerned to BUMED on the fifteenth day of the month following the end of the quarter, showing the number of instructors assigned and the number of Inactive Naval Reserve Hospital Corpsmen, in both Organized and Volunteer Groups, under instruction. The report should include comments and recommendations regarding the success of the training program and the adequacy of instructor personnel.--C. . SWANSON

BuMed Circular Letter No. 48-143

13 December 1948

To: All Ships and Stations

Subj: Requisitioning, Receipt Procedures, and Establishment of Stock Levels for Medical Stores.

Refs: (a) BuMed Cir. Ltr. 48-73.
(b) BuMed Cir. Ltr. 48-24.
(c) Par. 23101, BuSandA Manual.
(d) Accounting Classification, Vol. VII, BuSandA Manual.

Encl: A (HW) Enclosure B (Revised 12-48) to BuMed Cir. Ltr. 48-73.

1. BuMed Cir. Ltr. 48-24 is hereby cancelled.
 2. Enclosure B to reference (a) is hereby superseded by enclosure A of this letter.
- C. A. SWANSON

NOTE TO HOLDERS OF THE BULLETIN OF BUMED CIRCULAR LETTERS: Enclosure B to reference (a) should be removed and replaced by enclosure A of this letter. Enclosure A of this letter is attached herewith as a separate page following BuMed Circular Letter No. 48-148. In the first page of reference (a), the title of Enclosure B should be amended by deleting the words "by continental shore facilities".

BuMed Circular Letter No. 48-144

14 December 1948

Subj: Tuberculin testing, Navy and Marine Corps personnel; reporting of.

This letter, which was addressed to ComdtsNDS and certain training activities, directed that a summary of the results of the tuberculin testing program should be included in the Quarterly Sanitary Report for the period ending 31 December 1948. This letter will have served its purpose upon receipt of the requested information.

BuMed Circular Letter No. 48-145

14 December 1948

To: All Activities under Management Control of the Bureau of Medicine and Surgery

Subj: Procedure for Accomplishment of Work Projects under the Specific Work Request Authorization.

Refs: (a) BuMed Circular Letter No. 45-154.
(b) SecNav ltr. - Ser1306/M610/CP:1hp, dtd 14 Oct. 1947.

Encls: 1. (HW) Station Project Request.
2. (HW) Local Request for Estimate.
3. (HW) Check-Off List.

1. Reference (a) is hereby canceled.
2. Requests for approval of work projects beyond the capacity of the local station maintenance force, unless the work may be accomplished under the Annual Work Request authorization, shall be prepared and submitted to the Bureau, via the Commandant, for processing as a Specific Work Request. Certain limitations governing the scope of work allowed under the Specific Work Request procedure are quoted herewith for your guidance:

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Public Law 604, Section 26, 79th Congress

"The Secretary of the Navy is authorized to expend out of Naval appropriations available for construction or maintenance such amounts as may be required for minor construction (except living quarters), extensions to existing structures, and improvements at naval activities, but the cost of any project authorized under this section which is not otherwise authorized shall not exceed \$20,000."

For guidance in screening projects being submitted to the Bureau for consideration, the \$20,000 monetary limitation is interpreted to apply to the following:

- (a) New buildings and structures.
- (b) Extension of buildings and structures.
- (c) New utilities and improvements.
- (d) Extensions to such utilities and improvements.
- (e) Alterations and improvements which change the physical character or increase the capital value of the structure or utility.

The \$20,000 monetary limitation does not apply to the following:

- (f) Maintenance and repairs.
- (g) Replacement of material and equipment incident to maintenance and repairs.
- (h) Demolition and/or removal of structures, utilities, etc.

3. Work projects that exceed the scope of work allowed under the Specific Work Request authorization (those projects that are subject to the \$20,000 monetary limitation) come rightfully under the Public Works Program, which is handled in accordance with year-to-year instructions issued by the Chief of Naval Operations (Shore Station Development Board), and should not be submitted under this procedure.

4. All projects shall be carefully screened for conformity with reference (b) and similar statements of policy to be issued as needed in the future. In screening, particular attention shall be given to:

- (a) Necessity.
- (b) Conformity with requirements for security and safety.
- (c) Justification under detailed examination as to scope, type of construction, and adequacy for the purpose.
- (d) Elimination, to the maximum extent practicable, of duplication of facilities and operations of the several bureaus of the Navy Department or of other departments of the Government.

5. In forwarding work projects to the Bureau for processing it is requested that the original and four (4) carbon copies of Enclosures 1, 2 and 3 be addressed to the Bureau, and that such additional carbon copies as may be required to meet the needs of intermediate endorers be included. Enclosures 1, 2 and 3 are not standard forms and should be reproduced by the submitting activity.--C. A. SWANSON

Enclosure 1

Date _____

Activity: _____

To: Chief of the Bureau of Medicine and Surgery.
Via: (1) Commandant, _____ Naval District.

Subj: Station Project No.

Refs: (a)
(b)

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48-145

Encls: 1.(HW) Local Request for Estimate.
2.(HW) Check-Off List.

1. Authorization is requested for the accomplishment of the subject project indicated by Enclosure 2. This work is beyond the capacity of the station maintenance force.

2. Justification:

3. Budget Status:

(a) Was this project approved in current estimates?
Yes () No ()

(b) If approved, state: Item No. _____, Page No. _____,
Sub-object Symbol _____, Amount authorized \$ _____,
Quarter authorized _____.

4. Proposed Accounting Classification:

(a) Object classification _____
(b) Expenditure classification _____
(c) General ledger account _____
(d) Expense analysis account _____

(Medical Officer in Command)

Enclosure 2

Date _____

From:

To: Public Works Officer, _____

Subj: Request for Estimate.

Encl: 1. (HW) Check-Off List.

1. It is requested that an original and () copies of Enclosure 1 be prepared for the following work:

Description:

2. This project will be forwarded to BuMed for screening and accomplishment under the Specific Work Request authorization; if approved BuMed will make funds available to BuDocks from the appropriation 17__1102, Medical Department, Navy, 19__.

(Medical Officer in Command)

Enclosure 3

CHECK-OFF LIST1. For Construction Data:

(a) Type of construction - Description:

(b) Cost estimate (including A&E services):

Material \$ _____ Calculating Unit _____

Labor _____ Cost per unit \$ _____

Contingency _____

TOTAL \$ _____

(c) Sketch plans are (not) included.

2. Recommendation for method of accomplishment by BuDocks:

Yard Labor _____ New NOy Contract _____

Informal Contract _____ Change Order to
Existing Contract _____

Name of Yard or Station to accomplish work _____

3. Recommendation for accomplishment of A&E Services:

Public Works Force _____ Lump Sum Contract _____

Informal Contract _____ Change Order to
Existing Contract _____Recommend Fee
(if applicable) _____4. Estimated completion date (including time required for processing):

5. Remarks:_____
(Public Works Officer)

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48-146

BuMed Circular Letter No. 48-146

16 December 1948

To: All Medical Department Activities.

Subj: Use of Radioactive Isotopes; Control of.

Refs: (a) BuMed ltr. BUMED-3424-PV over NH/P3-3, dated 25 August 1947.
(b) BuMed Circular Letter 48-10.
(c) Manual of Radiological Safety (BuMed P-1283).

1. Reference (a) which lists certain requirements for the clinical use of isotopes and directs certain naval hospitals to establish isotope boards in accordance therewith is hereby cancelled and superseded by this directive.

2. Radioactive isotopes may not be used for any purpose in any naval medical installation without prior approval of the Bureau of Medicine and Surgery.

3. The Isotopes Division of the U. S. Atomic Energy Commission has stipulated that the hospital, or other institution, employing radioactive isotopes establish an "Isotope Committee" to evaluate proposals for isotope investigation within the institution and insure proper use of the materials. It is necessary to comply with this requirement and the committee formed in accordance therewith shall include:

- (1) A physician trained in internal medicine.
- (2) A physician trained in hematology.
- (3) An individual experienced in assay of radiomaterials and protection of personnel against ionizing radiation.

Whenever possible, a qualified physicist and a therapeutic radiologist should be members of this committee or available in a consulting capacity. It is usually desirable to have a specially trained physicist to make the necessary measurements of materials and a radiochemist to perform other handling operations. Quite often one individual is qualified to carry out both of these functions.

4. It is necessary to set aside laboratory space for exclusive use in handling and storing radioisotopes. Similarly, a ward or rooms must be set aside for the exclusive use of patients under treatment or investigation, to prevent any danger of widespread contamination. It is necessary to have on hand proper instruments for measuring the radiation dosages and for monitoring the areas in which the radioactive materials are used. The particular type of instrument employed will be dependent upon the isotope used. Information as to methodology can be found in references (b) and (c).

5. Procurement of radioactive isotopes and authority for use of same will be coordinated by BuMed, Code 74. Initial supply of the AEC forms to be used and other necessary information may be obtained from BuMed, Code 74, by those installations desiring to use radioisotopes.

6. For detailed information concerning organization and equipment of an isotope laboratory inquiry should be made to Radioisotopes Branch, Isotope Division, U. S. Atomic Energy Commission, Oak Ridge, Tennessee.--H. L. PUGH

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BuMed Circular Letter No. 48-147

23 December 1948

To: All Medical Department Shore Activities.

Subj: Report of births to Fleet Hometown News Center, USNTC, Great Lakes, Illinois.

Ref: (a) BuMed Circ. Ltr. 47-101.

1. The Chief of Public Relations, Navy Department, has requested that all births in Naval Hospitals and Medical Department activities be reported in the form of a short story to Fleet Hometown News Center, USNTC, Great Lakes, Illinois.
2. All Medical Department activities are directed to report births to the Fleet Hometown News Center; and a copy shall be forwarded to the Bureau, Attention: Code 22.
3. The following essential data is required in writing this type of story:
 - (a) Name of parents.
 - (b) Address of parents (both local and hometown).
 - (c) Date of birth.
 - (d) Name of baby.
 - (e) Born where.
 - (f) Rank or rate of father.
 - (g) Duty station of father.
 - (h) Number of previous children.
4. This information is in addition to that required by reference (a).--C. A. SWANSON

BuMed Circular Letter No. 48-148

29 December 1948

To: All Ships and Stations

Subj: Heavy Dental Equipment, Standard Color for.

Ref: (a) BuMed Circ. Ltr. No. 47-145.

1. Change the color designation set forth in paragraph 1 of BuMed Circular Letter No. 47-145 from "Hue 2ca" to "Hue 2ec".
2. This color is known in the dental trade as "Cream white".--C. A. SWANSON

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49-1

BuMed Circular Letter No. 49-1

3 January 1949

To: All Activities with Medical Department Personnel Attached.

Subj: NavMed-Fa, (Individual Report of Patient); Reporting of Surgical Operations on.

Ref: (a) Par. 236.3, MMD.

1. Effective upon receipt of this directive, Individual Statistical Report of Patient (NavMed-Fa) submitted to the Bureau shall include the titles of all operations or surgical procedures performed on the patient during the period covered by the report. These shall be on line 12 (Remarks) of the form, or, if additional space is required, on the back of the card. Surgical procedures performed for conditions other than the diagnosis shown in line 4 of the form shall be identified by being placed in parentheses.

2. An appropriate addition to the Manual of the Medical Department will be published at a later date.--C. A. SWANSON

BuMed Circular Letter No. 49-2

11 January 1949

Subj: Advance Change 3-7, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-3

12 January 1949

To: All Medical Officers in Command, Senior Medical Officers, and Senior Dental Officers.

Subj: Contributions to U. S. NAVAL MEDICAL BULLETIN.

1. Medical Officers in Command, Senior Medical Officers, and Senior Dental Officers are urged to stimulate the interest of all officers of the Medical Department in the preparation of articles of professional interest for submission to the U. S. NAVAL MEDICAL BULLETIN for publication. Consultants to U. S. naval hospitals are also to be invited to participate.

2. Early and effective action in this matter is requested.--H. L. PUGH

BuMed Circular Letter No. 49-4

12 January 1949

To: All Ships and Stations

Subj: Diagnostic Nomenclature for Medical Department.

1. In June 1948 the Secretary of Defense directed the preparation of a uniform classification and nomenclature of diseases, injuries, and conditions for joint use by the armed forces. Through the combined efforts of the three medical departments a list of diagnoses and a list of surgical operations have been completed and have been approved by the Surgeons General of the Army and Navy and the Air Surgeon.

2. The diagnosis list comprises both an abridged diagnostic nomenclature and a classification of diseases and injuries. The list includes slightly more diagnostic terms than the present Navy nomenclature, but still must be considered an abridged nomenclature, with provision as before for the use of terms ("xy" diagnoses) not included in the list. The Standard Nomenclature of the American Medical Association was used as a guide in selecting the terms to be included, though deviations were occasionally made. Similarly the arrangement of the titles into a classified list was based on the International Statistical Classification of Diseases, Injuries, and Causes of Death, with such minor modifications as appeared essential for the needs of the armed services. The new list is considered an improvement over the nomenclatures now used by the

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various services, and will in addition facilitate cross-hospitalization of service patients as well as provide for ready comparability of medical statistics of the three services with each other and with other agencies in this country and abroad.

3. It is anticipated that printing and distribution of the new lists will require about 3 months. Further information and instructions will be published prior to the date the new lists go into effect.--H. L. PUGH

BuMed Circular Letter No. 49-5

17 January 1949

To: All Ships and Stations

Subj: BuMed All Ships and Stations ltr; cancellation of.

Refs: (a) BuMed All Ships and Stations ltr. 43-1747, page 496, Navy Department Bulletin, cumulative edition, 31 Dec 1943. (BuMed C/L No. 43-186.)
(b) Part III, Chapter 1, Manual Medical Department.

1. Reference (a) is hereby cancelled. Current instructions relative to medical, dental and hospital treatment of naval personnel by other than the Medical Department of the Navy are contained in reference (b).--C. A. SWANSON

(Note: BuMed C/L No. 43-186 was canceled previously in the Bulletin of Bureau of Medicine and Surgery Circular Letters.)

BuMed Circular Letter No. 49-6

1 February 1949

Subj: Advance Change 3-8, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-7

2 February 1949

To: Medical Officer in Command, All Naval Hospitals

Subj: Hospitalization of Veterans Administration Patients with service-connected disabilities in naval hospitals, report of.

Ref: (a) Veterans Administration Manual, M10-3, Change 8, Paragraph 85.1.

Encl: 1. (HW) Copy of Veterans Administration Form Letter, FL 10-59.
2. (HW) Copy of Veterans Administration Form Letter, FL 10-60.

1. Subparagraph (a) of reference (a) is quoted in part as follows for information:

"A total disability rating will be assigned without regard to the provisions of the Rating Schedule when it is established that a service-connected organic disease or injury by reason of an exacerbation has developed actual total incapacity which has required hospital treatment for a period in excess of 21 days. Similarly, a total rating will be assigned, without regard to the provisions of the Schedule, when a service-connected organic disease or injury has developed pathological manifestations of such character as to require surgical intervention, which, with symptomatology referable to the service-connected condition, has resulted in total occupational incapacity and hospitalization for a period in excess of 21 days. Accordingly, in any case where a service-connected organic disease or injury meets the above requirements, the rating will be increased to 100 percent effective during a period of hospital treatment immediately following a period of continuous hospital treatment of 21 days. This increase is to be based upon the report of hospital treatment and examinations to be furnished as of the 21st day of continuous hospitalization for treatment, in the form of an interim summary, prepared in the same outline as the Final Summary (VA Form 10-2614) as set forth in VA Technical Bulletin TB 10A-99. No pass or authorized leave of less than 30 days will be considered as interrupting the continuity of hospitalization during the first 21 days or thereafter."

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2. In the administration of the above regulation by the regional offices of the Veterans Administration, enclosure 1 will be forwarded to a naval hospital by the regional office whenever patients coming within the provisions of reference (a) are admitted to naval hospitals. On the 18th day of hospitalization of such patients in naval hospitals, the regional office will send the medical officer in command a copy of enclosure 2. On the 21st day of hospitalization of such patients in naval hospitals, the medical officer in command will furnish the regional office of the Veterans Administration the information requested in enclosure 2.

3. Attention is invited to the fact that the responsibility for determining the eligibility of increased Veterans Administration benefits under the provisions of reference (a) rests with the regional office of the Veterans Administration and that the duty of the medical officer in command in respect to this determination is limited to submission of the required information on the 21st day of hospitalization.--

C. A. SWANSON

Enclosure 1

VETERANS ADMINISTRATION

(Name and address
of hospital)

Your File Reference:

In Reply Refer to:

(Veteran's name and claim
number)

Dear Sir:

Authority has been granted for the admission of the above-named veteran to your hospital for treatment of a service-connected condition. If treatment is instituted for a condition other than the one for which he is admitted, this office should be notified immediately.

Should the veteran require continuous hospitalization for this condition for a period of 21 days or longer, he may become eligible for an increase in disability compensation. This increase is to be based upon a summary setting forth significant symptomatology manifested and record of treatment administered during this period of 21 days' hospitalization. The summary will be requested by this office in the following instances:

1. When the veteran has been hospitalized for treatment of a service-connected disability for a period of 21 days or longer, an Interim Summary on VA Form 10-2614, "Clinical Record - Final Summary", or its equivalent, will be required as of the 21st day of continuous hospitalization for treatment.
2. When the Interim Summary has been submitted and it is determined that hospitalization for treatment of the service-connected disability is no longer required, but the patient will continue hospitalization for some other condition, an additional Interim Summary will be required showing the date treatment for the service-connected disability was discontinued.
3. When a veteran who has received hospital treatment for a service-connected condition for a period of 21 days or longer is discharged, a Final Summary will be required on VA Form 10-2614 or its equivalent.

Your cooperation in furnishing the reports set forth above will be appreciated.

Very truly yours,

FL 10-59
Oct 1948

Chief Medical Officer

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Enclosure 2

VETERANS ADMINISTRATION

(Name and address
of hospital)

Your File Reference:

In Reply Refer to:

(Veteran's name and claim
number)

Dear Sir:

The records of this office show that the above-named veteran is hospitalized for treatment of a service-connected disability. In the event that he is retained in the hospital for 21 days or longer, uninterrupted by leave of absence of 30 days or more, he may become eligible for an increase in disability compensation. In order that this determination may be made, it is requested that the following information be furnished in duplicate on the enclosed VA Form 10-2614, "Clinical Record - Final Summary", or its equivalent, as of the 21st day of continuous hospitalization.

1. As the first entry in the body of the report, insert in capital letters and underscore the words, "Extension 2-A", followed by, "Interim Summary", or "Final Summary", as applicable.
2. Veteran's name and claim number.
3. Date of admission.
4. Diagnosis upon admission.
5. Present diagnosis.
6. Significant subjective findings (not necessary in cases of psychosis or active pulmonary tuberculosis).
7. Significant objective findings (not necessary in cases of psychosis or active pulmonary tuberculosis).
8. Excerpts from progress notes relative to constitutional manifestations.
9. If veteran is no longer being treated for condition for which admitted, so indicate, and give date such treatment was discontinued.
10. If the veteran has been discharged, indicate date of discharge and expected confinement to bed or house, or inability to work, together with requirement of frequent care of physician or nurse at home.
11. Signature of hospital official.

Very truly yours,

Chief Medical Officer

Encl:
VA Form 10-2614

FL 10-60
Oct 1948

BuMed Circular Letter No. 49-8

4 February 1949

To: All Medical Department Activities

Subj: Shipment of personal effects of deceased active duty naval personnel.

Refs: (a) Change No. 84, Navy Shipping Guide, Part I, Article 1820 (6) (b).
(b) BuMed Cirltr No. 48-121 dated 8 Nov 1948.
(c) Advance Notice of change to Navy Shipping Guide, Change No. 82.
(d) Paragraph 3428.1, Manual Medical Department.

1. Reference (b) is hereby cancelled. Reference (a) which supersedes reference (c) is quoted below for the information and guidance of all concerned.

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- "(b) Effects of deceased personnel. -- Transportation of effects of deceased officers and enlisted personnel of the Navy and of officers and enlisted personnel of the Naval Reserve who die while on duty is authorized. When the remains are shipped by express and when personal effects accompany the remains the Railway Express Agency allows up to 150 pounds as free transportation. Therefore, in packing effects which are to move by express with the remains, the weight will be kept within 150 pounds. Any effects in excess of 150 pounds will be separately packed and shipped under government bill of lading. When there is no doubt as to the next of kin of the deceased, personal effects within continental United States will be shipped as soon as possible without awaiting specific authorization from the Navy Department. Personal effects returned from points outside continental United States in the Atlantic Ocean area will be forwarded to the Supply Officer, Naval Supply Center, Norfolk, Va., and in the Pacific Ocean area to the Personal Effects Distribution Center, Naval Supply Depot, Clearfield, Ogden, Utah."

2. Appropriate changes will be made in the Manual of the Medical Department and released to the naval service in the near future. -- H. L. PUGH

JOINT LETTER-- BUMED -- MARCORPS

BuMed Circular Letter No. 49-9

7 February 1949

To: MOinCs, NavHosps; and COs, All MarCorps Activities, Continental U.S.

Subj: Disposition of Enlisted Men of the Marine Corps Disabled in Line of Duty.

Refs: (a) Joint MarCorps-BuMed letter of 16 Mar 1944; 1535-200 DB-311-ee, Letter of Instruction No. 683; BuMed Cirltr No. 44-46.
(b) Joint Letter BuPers-BuMed-MarCorps, dtd 22 Nov 1948; BuPers Pers 66 JMS P3-5, BUMED-3352-FGS-keh P3-5 (BuMed Cirltr No. 48-128), MarCorps-DKG-356-mla 1500-120.

1. Reference (a) is hereby cancelled in view of the provisions of reference (b). -- BUMED -- J. T. BOONE -- MARCORPS -- C. B. CATES

BuMed Circular Letter No. 49-10

8 February 1949

To: All Medical Department Officers

Subj: Medical Research in Ships and Shore Stations other than Hospitals.

Refs: (a) BuMed C/L 48-46.
(b) BuMed C/L 48-133.

1. Reference (a) stresses the importance of research by the Medical Department of the Navy. Reference (b) implements clinical research in naval hospitals.

2. Medical Department officers on board ship or attached to shore stations are similarly encouraged to undertake appropriate investigations, especially those relating to the immediate naval environment.

3. Research proposals should be forwarded via the commanding officer to the Bureau for consideration. If approved, such proposals will be formally established as projects and the Bureau of Medicine and Surgery will furnish such assistance and consultation as may be indicated. -- J. T. BOONE

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BuMed Circular Letter No. 49-11

8 February 1949

Subj: Manual of the Medical Department, USN; Reprinting of.

Not reprinted. This letter which was addressed to BuMed Management Control Activities asked for comments and recommendations on a contemplated reprint of the Manual. Upon receipt of requested information in BuMed by 25 February 1949, this letter will have served its purpose.

BuMed Circular Letter No. 49-12

9 February 1949

To: Medical Officers in Command, All Naval Hospitals.

Subj: Transcript of Intern Service (NAVMED-1293).

Encl: 1. (HW) Initial Supply of NAVMED-1293 (Hospitals approved for Intern Training). (Omitted from this printing.)

1. Upon the satisfactory completion of the prescribed course of Intern training, the Bureau will provide each Naval Intern with a Certificate of Internship signed by the Surgeon General of the Navy. This document will be forwarded to the Intern via official channels and shall be countersigned by the Medical Officer in Command prior to delivery. In the event the certificate is withheld from delivery by the Medical Officer in Command for any reason, it shall be expeditiously returned to the Bureau with appropriate comment.

2. In the event Interns subsequently file application with State Boards for medical licensure, it is necessary that credentials include information supplementary to the Certificate of Internship. Therefore, at the time of delivery of the Certificate of Internship, Medical Officers in Command shall in addition provide each Intern with a "Transcript of Intern Service" setting forth in detail a record of Services attended and the period devoted to each Service. This transcript shall be signed by the Chiefs of the various Services, countersigned by the Medical Officer in Command and bear the official seal of the hospital.

3. In the interests of completeness and uniformity, a standard form (NAVMED-1293, Transcript of Intern Service) has been designed for use by all addressees. An initial supply of the form is enclosed herewith. Requisitions for additional copies should be addressed to the Bureau.

4. A copy of each such transcript issued shall be forwarded for the files of the Bureau of Medicine and Surgery (Attn: Code 3424).-- C. A. SWANSON

BuMed Circular Letter No. 49-13

9 February 1949

Subj: Advance Change 3-9, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-14

14 February 1949

To: MOinCs, NavHosps within Continental U. S.; Commanders, All Naval Training Centers; COs, All MarCorps Activities, Continental U. S.

Subj: Statistical Reporting of Patients Invalided from the Service.

Ref: (a) BuMed C/L 48-128 (Joint BuPers, MarCorps, BuMed ltr) of 22 Nov 1948.

1. By reference (a) addressees were authorized to take final action in certain types of Reports of Medical Survey. In other types final action was reserved by the Navy

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Department, but medical officers in command were authorized to transfer selected patients in duty status to a receiving station or Marine barracks to await action on the Report of Medical Survey. The following instructions apply to reporting these types of patients on NavMed-Fa, Individual Statistical Report of Patient, and NavMed-I, Report of Patients.

2. NavMed-Fa - (a) When a patient is transferred from a hospital in a duty status to await Navy Department action on Report of Medical Survey [par. 11 of ref. (a)], NavMed-Fa submitted by the hospital shall show disposition "D" on line 5; the name of the activity to which transferred on line 8; and on line 12 the remark "awaiting action medical survey - IS" or "awaiting action medical survey - D," indicating the disposition recommended in the report of medical survey. The activity receiving such patient shall submit NavMed-Fa if the final action on the report of medical survey directs invaliding from the service, taking the man up on the sick list with the survey diagnosis as "RA" on the day of discharge from service and disposing him the same day as "IS" with no sick days. If the final action directs return to duty or limited duty, NavMed-Fa is not required, as the prior disposition "D" reported by the hospital will stand unchanged. (b) When a patient is transferred on the sick list from a hospital to a Navy or Marine activity for discharge in accordance with an approved report of medical survey [par. 9 and 10 of ref. (a)], NavMed-Fa shall be submitted by the hospital and by the receiving activity according to instructions contained in MMD, par. 235.4.

3. Form NavMed-I, Report of Patients: Hospitals shall report patients disposed of under the terms of reference (a) in the usual way as "to duty" "transferred," "IS," including such patients on the appropriate line (line 14, 16, or 18) in Part II of NavMed-I. An additional notation is necessary, however, for that group of patients sent to duty to await Navy Department action on reports of medical survey. Likewise, a similar notation is necessary showing the number of patients transferred to a naval or Marine Corps activity for invaliding as a result of an approved report of medical survey. Pending a revision of NavMed-I these two notations shall be entered in the space available in Part V of the report as follows:

"C/L 48-128"	Total	Navy	Marine
Duty (IS)	_____	_____	_____
Trans (IS)	_____	_____	_____

C. A. SWANSON

BuMed Circular Letter No. 49-15

15 February 1949

To: Medical Officers in Command, U. S. Naval Hospitals.

Subj: Naval Hospital Organization Charts and Personnel Listing Sheets, Procedure for the Regular Preparation and Submission of.

Ref: (a) N.C.P.I. 156. 11-5-a(1).

Encl: 1.(HW) Sample Functional Organization Sub-Chart. (Omitted from this printing.)

1. The Bureau frequently requires hospital organization charts in connection with organization and procedural studies, the review of key position descriptions, maintenance of hospital atlases, etc. In order to obtain data in essentially the same form from all hospitals, the reporting procedure outlined herein is being established.

2. The standards established for this procedure, which follow very closely and will meet the requirements of reference (a), are as follows:

(a) Structural and Functional Organization Charts.

(1) Two (2) copies of a structural organization master chart for the hospital as a whole.

(2) Two (2) copies of a functional sub-chart for each administrative division and professional service in accordance with the format illustrated in enclosure 1. (In those instances where a division or service is not composed of many organizational sub-units, it may be desirable to include more than one division or service on the same chart.)

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(3) Original charts should be size 16" x 21" to meet the requirements of the Area Wage and Classification Offices, but should be reduced to size 8" x 10 1/2" either photographically or otherwise when forwarded to the Bureau.

(4) Each chart should be properly identified and approved in the lower right-hand corner, as shown in the sample chart.

(5) The first set of charts should be submitted 18 March 1949 depicting the current organization of the hospital. Revisions to the charts shall be submitted annually thereafter on 1 February depicting the organization as of 1 January.

(6) Only those charts which are new or have been revised since the previous submission date need be forwarded to the Bureau at the beginning of each calendar year. Charts previously submitted which are still in effect may be listed in the letter of transmittal.

(b) Personnel Listing Sheets.

(1) One (1) copy of Personnel Listing Sheets shall be submitted (size 8" x 14") which will show the following by organizational component:

Officers -- Rank, organization title.

Example: Capt. (MC) USN, Chief Dependents' Service.

Enlisted -- Rate, number of personnel.

Example: Hospitalman 2/c - 3.

All IVb's -- Position number, series - grade - occupational code, class title, name.

Example: 5761 - CAF-3-420-File Clerk - Betts, I.O.

All IVa's -- Rating and name.

Example: Chief Cook - Crisp, U. R.

I, II, III's -- Trade or occupation, number of personnel.

Example: Mess Attendant - 22.

(2) Submit Personnel Listing Sheets with organization charts in accordance with the schedule established in paragraph 2(a)(5).

3. The Bureau will not require submission of new charts and listings in connection with a classification survey conducted by an Area Wage and Classification Office, provided the activity certifies that the charts and listings (with respect to the number and types of positions) on file in the Bureau are still current.

4. It is emphasized that a complete accurate charting and personnel listing is desired.--C. A. SWANSON

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BuMed Circular Letter No. 49-16

15 February 1949

To: All BuMed Management Control Activities.

Subj: Personal Service Contracts, Appropriate Use of.

Ref: (a) NCPI-35, dated 7 July 1948.

1. Reference (a) provides three methods of procuring personal services of a specialized nature, outside of regular Civil Service procedures. One method, use of S&A Form 76, Requisition on Shore, is to be followed in indicating the need for services of lecturers on a fee basis. Another method, use of Personal Service Contract, NAVEXOS Form 155, is to be followed in procuring intermittent and temporary services of experts and consultants on a salary basis. The third method, use of Personal Service Contract, NAVMED-1076, is to be followed in procuring services of consultants without compensation. These methods of procuring personal services are based on certain statutory provisions to meet specific needs of the Naval Service. However, confusion has arisen in some of the Medical Department activities as to the propriety of use of one or the other because of the intangible nature of the distinction between them.

2. Accordingly, a discussion of the purpose for which each is used is provided herewith:

A. Form S&A 76, Requisition on Shore.

(1) This form is used for requisitioning group training for personnel of Medical Department activities. It should be used as a requirements document to secure approval for the use of civilian lecturers and instructors for short courses. For a permanent staff of instructors at an established school under the jurisdiction of the Bureau, the Bureau would engage any civilian instructors used on a permanent Civil Service basis. S&A Form 76, however, would be appropriate for securing approval for the use of: (a) lecturers to augment existing in-service training programs in the fields of medicine or hospital administration, (b) lecturers to provide special short courses at Naval Dental Schools, Naval Medical Schools, or Schools of Hospital Administration.

(2) Services obtained subsequent to the submission of S&A Form 76 do not constitute employment in the Navy Department. Persons engaged are not subject to Civil Service Regulations. Their rates of pay are not determined according to the Schedules of the Federal Employees Pay Act.

(3) The cost of the service requested and the propriety of the expenditure are reviewed by the Finance Division of the Bureau.

(4) S&A Form 76 is not to be used to indicate the need for the services of a civilian specialist or consultant in an emergency when the naval medical officer in charge of the case is not in his own opinion sufficiently skilled to treat the condition or lacks the proper equipment or facilities for the required treatment. In cases of this nature, instructions in the Manual of the Medical Department should be followed with a letter or dispatch being forwarded to the Bureau, according to the urgency of the case, setting forth the nature of the illness, the condition of the patient, and requesting authority to employ a civilian specialist or consultant. In addition, each request should include an itemized estimate of the cost of the required treatment. Upon completion of the authorized treatment, itemized, certified bills, in duplicate, should be submitted to the Bureau for settlement.

B. FORM NAVEXOS 155, Personal Service Contract.

(1) The Personal Service Contract is used to employ experts and/or consultants to perform services not within the capacity of staff members of a particular Medical Department activity. Its use is permitted for the part-time employment of persons with appropriate qualifications, when their employment through regular Civil Service procedures is not feasible. For example, this form would be appropriate for use by Medical Department activities in (a) employing high-level scientists who have specialized in a particular type of research problem for medical research projects of the Bureau, such as radiobi-

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ology, ophthalmology, otolaryngology, and thoracic surgery, (b) employing consultants in other professional fields, such as horticulture, pigeon genetics, education, metallurgy, parasitology, chemistry, bacteriology, etc. The form should not be used to propose employment of civilian physicians to treat naval personnel or their dependents.

(2) Services obtained through use of NAVEXOS Form 155 constitute employment in the Navy Department. Employment is subject to Civil Service regulations regarding hiring of veterans, tours of duty, sick and annual leave, compensation, etc. Rates of pay are determined on a per diem basis; must be consistent with the demonstrated earning capacity of the contractor; and shall not be in excess of \$50.00 per day. It is the policy of the Navy Department to employ personal service contract employees on an intermittent basis (not to exceed 18 days per month). Payment for expenses for performance of temporary duty travel orders can be made to persons serving under personal contract.

(3) The qualifications of proposed contractors and the per diem pay rate are reviewed by the Civilian Personnel Branch of the Bureau. The Finance Division of the Bureau reviews the contract for conformance to Bureau ceiling and funds allocations. If approved by the Bureau, final approval of the contract must be given by the Secretary of the Navy or his agent.

C. FORM NAVMED 1076, Personal Service Contract for Without Compensation Employment of Consultants.

(1) The Contract for Personal Services (without compensation) is used to employ experts and consultants who offer to cooperate with the Bureau of Medicine and Surgery on a non-compensated basis in the solution of problems affecting the health of naval personnel. No standard form of contract is prescribed in NCPI-35 for such a contract, but the Bureau has designed and received approval for the use of a special form, NAVMED-1076. This form is appropriate for use only in special instances where outstanding representatives of civilian associations, hospitals, schools, clinics, etc., offer their advisory services without compensation.

(2) Persons serving under personal service contracts without compensation are allowed travel expenses while away from their homes or regular places of business, plus \$10.00 per diem in lieu of subsistence while en route and at place of employment.

(3) The contract continues until terminated by either party on 30 days notice.

(4) The qualifications of proposed contractors are reviewed by the Office of the Surgeon General. If approved by the Bureau, final approval of the contract must be given by the Secretary of the Navy or his agent.--H. L. PUGH

BuMed Circular Letter No. 49-17

16 February 1949

To: All Dental Activities

Subj: Oral Pathological Material.

1. This letter is sent at the request of the Dental Officer in Command of the U. S. Naval Dental School for the purpose of:

- a. Providing skilled assistance in diagnosis of oral lesions.
- b. Obtaining cooperation in procuring a larger collection of oral pathological slides and attendant data for teaching and investigating purposes.

2. Addressees are urged to send to the Dental Officer in Command, U. S. Naval Dental School, National Naval Medical Center, Bethesda 14, Maryland, ante-mortem and post-mortem specimens of oral pathological material. When requested, the Naval Dental School will promptly return a report of histological findings (1 week for soft tissues, 10 weeks for material that includes teeth) and a microscopic section of the specimen submitted.

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3. The oral pathological material received will be registered in the sender's name. It will be presented in published case reports only with prior permission of the sender, and then with full acknowledgement.

4. It is understood that many activities have already established a satisfactory working relationship for diagnosis with near-by pathological laboratories. In these cases the Naval Dental School would still appreciate receiving, for each case:

- a. Paraffin blocks or microscopic sections.
- b. A complete case history.
- c. A copy of the pathological report.

5. This request is not intended to conflict with BuMed Circular Letter No. 48-107 which requires that medical activities submit specimens from all types of neoplasms to the Tumor Registry at the Naval Medical School. Pathological material which is forwarded to Bethesda under this directive is shared with the Naval Dental School. It is not necessary, therefore, to send duplicate material to the Naval Dental School.

6. Forms and containers will be supplied by the Dental School for convenience in forwarding the specimens.--C. A. SWANSON

BuMed Circular Letter No. 49-18

17 February 1949

Subj: Study of Civilian Shift Arrangements in Naval Hospitals.

This letter, addressed to the hospitals within the continental U. S., requested information and work data on civilian shift arrangements. The letter will have served its purpose upon receipt of this requested one-time information.

JOINT LETTER-- BUPERS- BUMED- MARCORPS

24 February 1949

BuMed Circular Letter No. 49-19

To: Commanders, All Naval Training Centers; Commanding Generals, U. S. Marine Corps Recruit Depots, Parris Island, S. C. and San Diego, Calif.; and U. S. Marine Corps Barracks, Camp Lejeune, N. C.

Subj: Procedure for disposition of male enlisted and inducted recruits and authority to take final action on Aptitude Board reports.

- Refs: (a) MarCorps-BuMed joint ltr MarCorps 1500-10, 1500-120, DGK-112, dmaj; BuMed P3-1/P19-1 (123) '40 of 29 Feb 1944 (BuMed C/L 44-37).
- (b) BuPers-BuMed joint ltr Pers-66-MSW, P19-1; BuMed-P3-1/P19-1(123)'40 of 29 Jul 1944 (BuMed C/L 44-146).
- (c) BuPers-BuMed joint ltr Pers-65-ems, P19-1; BuMed-A18-1/P12-6, of 5 Aug 1948.
- (d) BuMed dispatch 181445, August 1948.
- (e) BuNav ltr Nav-66-HEB P14-4/P2-5 (1979) dtd 7 Mar 1942.
- (f) BuPers ltr Pers-66-HEB P19-1(941) of 16 Oct. 1942.
- (g) BuPers ltr Pers-66-TJW P3-1/P19-1(123-40) of 7 April 1943.
- (h) BuPers ltr Pers-66TJW P2-5 of 1 September 1943.
- (i) Paragraph 21119, MMD (Rev. 1945).
- (j) BuPers-BuMed-MarCorps joint ltr Pers-66-JMS, P3-5; BuMed-3352-FGS-keh, P3-5; MarCorps-DGK-356-mls of 22 Nov 1948 (BuMed C/L 48-128).
- (k) Physical standards and physical profiling for enlistment and induction (AR 40-115).
- (l) SecDef Memorandum of 2 August 1948.
- (m) BuPers ltr Pers-62-hmg of 1 April 1948.

Encl: (A) Sample form for reports of Aptitude Boards.

1. References (a) through (h) (all not to all and not needed) are cancelled. The provisions of reference (i) are suspended and will be corrected in the next change to the Manual of the Medical Department.

2. Enactment of the Selective Service Act of 1948 necessitated modification of the physical and mental standards for discharge from service. The new standards have been published in reference (j), based upon those in reference (k) as prescribed by the Secretary of Defense, and have been made applicable for purposes of discharge to all male enlisted or inducted personnel, that is, enlisted USN and USMC, 18-year old 1-year enlistees (USNEV and USMC-V), reserves on active duty, and inductees when the latter are accepted in the Naval Service.

3. (a) The term "recruit" applies to all newly-enlisted or newly-inducted men who are undergoing and have not completed recruit ("boot") training.

(b) Evaluation of each recruit's fitness and suitability for service is a necessary function of the addressed activities which serve as centers for training of recruits for the U. S. Navy and U. S. Marine Corps. This evaluation should be conducted with a view to separating personnel from service when it is determined that they are unsuitable for service because they cannot be expected to perform useful duty. In this connection reasonable effort should be made to detect those recruits who present defects or tendencies which were concealed or not detected at the time of enlistment or induction.

(c) Preliminary evaluation of each recruit's physical fitness shall be conducted by the Medical Department representatives at the station and the evaluation of each recruit's neuropsychiatric fitness and suitability for service shall be performed by the Psychiatric Unit (see below). Company Commanders and other cognizant authorities may assist greatly in referring those cases to medical attention in which recruits are not adjusting well to training conditions.

4. The Psychiatric Unit:

(a) Each Commander or Commanding General of the addressed activities shall have as a part of his medical organization a Psychiatric Unit consisting of at least one psychiatrist, clinical psychologist, and Red Cross psychiatric social worker; and hospital corpsmen.

(b) The Senior Medical Officer of the addressed Commands shall be charged with the responsibility of organizing the Psychiatric Unit and of general supervision of its functioning. He shall arrange for proper place and equipment for the administrative functions of the Unit as well as space to insure the conduct of the preliminary psychiatric examination in such a manner that the conversation between the examiner and recruit will not be overheard. Without privacy, the recruit will not react freely enough to enable the psychiatrist or clinical psychologist to make a satisfactory examination. The Senior Medical Officer also shall put at the disposal of the Unit a Psychiatric Observation Ward, with sufficient bed space for the proper observation and care of those recruits who are deemed by the psychiatrist to need such observation. These facilities shall amount to not less than thirty-five beds per thousand incoming recruits per month except on stations where past experience has demonstrated that this is not proportionate to the actual need.

(c) Functions of various members of the Psychiatric Unit:

(1) The psychiatrist shall conduct the neuropsychiatric examinations of recruits and shall be charged with the responsibility of the work of the other members of the Unit. Decisions within the Unit rest solely with the psychiatrist and further referral of cases for disposition shall be based upon his recommendation, subject to approval by the Senior Medical Officer of the Station.

(2) The clinical psychologist shall function as an adjunct to the psychiatrist and shall, upon the psychiatrist's request, perform whatever tests are indicated. He shall not act independently of the psychiatrist.

(3) The hospital corpsmen shall perform the duties necessary for maintenance of the Psychiatric Observation Ward, and shall keep the records of the Unit.

(4) The Red Cross psychiatric social worker is supplied by the American Red Cross, and shall be detailed to the Psychiatric Unit for the sole purpose of service in connection with the Unit. The worker's function shall be to obtain data pertaining to the life histories of recruits under consideration by the Unit and to serve as liaison agent between the Naval Service and the civilian community in arranging any necessary aid to recruits discharged from service.

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(d) Neuropsychiatric examination of recruits:

(1) When practicable, each recruit shall be examined by the psychiatrist. This examination shall be conducted as a part of the initial physical examination, and usually should be brief (from 3 to 5 minutes), so as not to interfere with the routine procedure to which the incoming recruit is subjected. If indicated, the psychiatrist shall request a psychological or other special examination.

(2) A recruit with obvious and serious neuropsychiatric handicaps shall be sent to the Psychiatric Observation Ward for further observation. Recruits with less obvious or serious handicaps or about whose fitness for service there is doubt, should be returned to a trial of duty and observed under drill and training conditions in a regular recruit company, with the understanding that the psychiatrist shall have opportunity for further examination of the recruit if he deems it necessary.

(3) A recruit may be referred to the Psychiatric Unit for examination and observation at any time during the training period at the station. During this period of neuropsychiatric observation, he should be admitted to the sick list if patient status is desirable.

5. Determination of fitness for service.

(a) In determining whether or not a recruit is physically or mentally disabled, his functional ability as measured by the PULHES Classification is to be determined (page 10 of reference (k)). At the present time the minimum profile serial for induction is "3" in any column of the PULHES Chart. That is, if a candidate for induction is classed as 1, 2 or 3 in all columns, he qualifies for induction. Therefore, personnel concerned must present a sufficient decrease in functional ability, on re-evaluation, to warrant being designated as Class 4 in any column of the PULHES Chart in order to fall below the minimum profile serial for induction and hence qualify for discharge from service by reason of physical or mental disability. In the event a man continues to meet the minimum profile serial for induction, he is not eligible for discharge by reason of physical disability. The only exception to these criteria are those cases in which retention would aggravate a defect permanently to the detriment of future health or well-being or would jeopardize the health or safety of service associates.

(b) In determining whether or not a recruit is unsuitable for service by reason of personality defects, emotional immaturity, mental inadequacy, lack of stamina, functional disturbances such as enuresis, or physical or mental defects which impair usefulness but do not incapacitate him for service in accordance with paragraph 5(a) above, his ability to benefit from training and to become functionally capable of full service must be evaluated. Such individuals may be eligible for discharge, but for administrative, rather than medical, reasons.

(c) In brief, if a recruit is found to present physical or mental defects which, of themselves, render him incapacitated for service under existing standards, he may be discharged for medical reasons (disability); but if he presents physical or mental defects which are not, of themselves, disqualifying for useful duty, even in a limited capacity, his discharge, if effected, must be by administrative action rather than by reason of physical disability. Thus it is necessary, in accordance with the provisions of reference (1) to distinguish between defects which impair functional usefulness, thereby warranting discharge for administrative reasons, and defects which incapacitate, thereby warranting discharge for medical reasons.

6 Disposition of recruits regarded as unfit or unsuitable for service.

(a) If, after due consideration of the above standards, in the opinion of the Senior Medical Officer of the Station, a recruit is not fit for service (incapacitated) by reason of physical disability; or if, in the opinion of the Psychiatric Unit, a recruit is not fit for full duty (incapacitated) by reason of mental disability; his case may be disposed of as follows:

(1) If hospitalization is required for treatment or for custody of a recruit who is a menace to self or to the public health or safety, he shall be admitted to a naval hospital for disposition by medical survey.

(2) If none of the conditions of paragraph 6(a)(1) apply and the recruit is deemed incapacitated for service, he may be admitted to the sick list at the Station and disposed of by the local Board of Medical Survey.

(b) If the Senior Medical Officer or the Psychiatric Unit consider that a recruit is unsuitable for service but does not present incapacitating mental or physical defects, certification shall be made to that effect and the recruit may be referred to an Aptitude Board for disposition (see below).

7. The Aptitude Board:

(a) An Aptitude Board will be permanently convened by the Commander or Commanding General of the addressed activities.

(b) The Aptitude Board will consist of two line officers, one clinical psychologist and three medical officers; or in the event sufficient personnel are not available, it will consist of one line officer and two medical officers. In either case, the board will include a line officer of the rank of Lieutenant Commander or higher at Naval Training Centers or of Major or higher at Marine Corps activities; one experienced medical officer of the regular Navy; and one medical officer who is qualified as a psychiatrist.

(c) It is the function of the Aptitude Board to consider the cases of recruits referred to it by the Psychiatric Unit or the Senior Medical Officer of the Station. After weighing the evidence submitted, the Board may, if it considers the recruit unsuitable for retention in service under existing standards, recommend to the Commander or Commanding General that the recruit be discharged from service. If the Board considers the recruit fit for full duty, it may recommend he be returned to duty. If doubt exists as to the recruit's unsuitability, or the permanency of his functional impairment, the Board may recommend return to duty for further trial or admission to the sick list for additional study. No person shall be recommended by the Aptitude Board for discharge from service until he has appeared in person before the Aptitude Board and been informed of the proposed action.

(d) The functions of the Aptitude Board are distinct from those of the Psychiatric Unit. The latter is a professional, advisory and consultant unit to which neuropsychiatric problems among recruits shall be referred and which is charged with the responsibility of selecting neuropsychiatric cases for consideration by the Aptitude Board or Board of Medical Survey. The Aptitude Board's function is concerned with the actual disposition of cases referred to it.

8. Report of the Aptitude Board:

(a) The enclosed form headed "Report of Aptitude Board" is a sample of that to be used in reporting the finding and action taken by the Aptitude Board. Forms will not be provided by the Bureau. The Board shall not make medical diagnoses, and no statement of its impressions is to be entered in the health record or on the Aptitude Board's report. Sufficient pertinent data will be recorded to support the Board's conclusions and recommendation. This may be in the nature of symptoms, signs, social behavior, reaction to environment and so on. The information derived from Red Cross social service data may be considered by the Board in determining appropriate disposition. However, such reports are confidential, and the information shall not be quoted or referred to in the Board's report. The information secured by the Red Cross is for the individual's benefit through its value in determining proper management of his case. These reports can be used professionally as a guide for direct questioning of the recruit and the information elicited then becomes a part of the clinical history which can be included in the Board's report.

9. (a) Addressees of this letter are hereby authorized and directed to take final action on reports of Aptitude Boards in the cases of all male enlisted and inducted recruits, subject only to the exceptions noted in paragraph 9(b) and (c) and 10(b) and (c) below.

(b) Commanders, All Naval Training Centers, are authorized to take final action, only in the cases of Navy recruits (USN, USNEV, USNR and inducted). (See paragraph 3(a)).

(c) Commanding Generals of addressed Marine Corps activities are authorized to take final action, only in the cases of Marine Corps recruits (USMC, USMC-V, USMCR and inducted) (See paragraph 3(a)).

10. (a) The Aptitude Board's report will be reviewed by the Commander or Commanding General. If he approves a recommendation for discharge, the recruit concerned will be discharged and the action will be final.

(b) If the Commander or Commanding General disapproves a recommendation for discharge, he will so indicate, by endorsement, and will forward the Board's report via BuMed to BuPers or MarCorps, as appropriate, for final action.

(c) In case the Commander or Commanding General considers a recruit's special qualifications sufficiently valuable to warrant his retention despite an Aptitude Board's recommendation for discharge, he may submit the report to the Navy Department for consideration of the desirability of retaining him in service.

11. (a) If the Commander or Commanding General approves the report of the Aptitude Board recommending a recruit's discharge from service, the report shall be forwarded to BuMed, together with the terminated health record, and a copy shall be placed in the recruit's service record.

(b) The recruit discharged upon approved recommendation of the Aptitude Board will be discharged by reason of unsuitability and will be issued a general discharge certificate, on which reference shall be made to this letter and Article D-9110, BuPers Manual, or Article 3-19, MarCorps Manual, as appropriate, as authority for discharge. The reason and authority for discharge shall be entered in the recruit's service record.

12. A report of the action taken in each case involving Marine Corps personnel in which discharge is involved, including the date discharge is effected, will be made immediately to the Commandant of the Marine Corps. Reports regarding Navy personnel will be submitted in accordance with existing instructions (reference (m)).

--T. L. SPRAGUE --C. A. SWANSON --C. B. CATES

Approved: 24 Feb 1949
JOHN NICHOLAS BROWN

REPORT OF APTITUDE REPORT

Place _____ Date _____

From: The Aptitude Board.
To: The Commander (or Commanding General).

Subj: Report of aptitude for the Naval Service of:

(Name in Full, Service No., Rate) _____ Class (USN, USNEV, USNR, USN-I, USMC,
USMC-V, USMCR, USMC-I) _____

Born: Place _____ Date _____

Enlisted or Inducted: Place _____ Date _____

Total Service: Navy _____ Marine Corps _____
Army _____ Air Force _____

Means of Referral: (Senior Medical Officer or Psychiatric Unit)

Reason for Referral:

Company Commander's Report:

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Medical Officer's Report: (Senior Medical Officer for physical handicaps)
(Psychiatrist for neuropsychiatric handicaps)

(To include the specific statement, "This recruit meets the minimum induction standards as defined in AR 40-115 and his retention would not jeopardize his health nor endanger that of his service associates. Therefore, he is not eligible for discharge by reason of physical or mental disability.")

Clinical Psychologist's Report:
(When pertinent)

Board's Impression:

Board's Conclusions and Recommendations: (Use whichever alternative is appropriate)

(a) The general qualifications of _____
warrant his retention in service. It is recommended that he be returned to duty.

(b) The general qualifications of _____
do not warrant his retention in service. He is not in need of hospitalization. His condition existed prior to entry into Naval Service and has not been aggravated by service. If discharged he will not be a menace to self or to others. It is recommended that he be discharged from service by reason of "unsuitability". Statement was (not) submitted in rebuttal.

(c) The findings in the case of _____
are inconclusive for determination of his fitness and suitability for service. It is recommended he be admitted to the sick list for further study.

(Signed by members)

First Endorsement*

From: The Commander (or Commanding General).
To: The Bureau of Medicine and Surgery.

1. Forwarded, recommendation of Board approved.

2. Subject man has been discharged from the U. S. Naval Service this date by reason of "unsuitability" and has been issued a General Discharge certificate.

(Signed)

*Note: This endorsement to be used
only when discharge is effected.

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JOINT LETTER -- BUSHIPS - BUMED

24 February 1949

BuMed Circular Letter No. 49-20

To: Commanders, All U. S. Naval Shipyards

Subj: Medical Department, Standard Organization Chart and Standard Shipyard Regulations.

Ref: (a) BUSHIPS ltr NY/A3-1(740) over EN28/A2-11 dtd 14 Feb 1947.
(b) BUSHIPS ltr NY/A3-1(741) over EN28/A2-11 dtd 4 June 1948.

Encl: (A) Standard Organization Chart, No. 7 dtd 1 March 1949 -- Medical Department (2 copies). (Omitted from this printing.)
(B) Standard Shipyard Regulations, Text of Chapter XIV, Medical Department (Change No. 3 to Standard Shipyard Regulations) (2 copies). (Omitted from this printing.)

1. Enclosure (A) supersedes the standard organization chart promulgated by reference (a) and is effective 1 March 1949. Implementation is desired as soon thereafter as practicable but not later than 1 July 1949.

2. Enclosure (B) supersedes Chapter XIV of the Standard Shipyard Regulations promulgated by reference (b) and is Change No. 3 to Standard Shipyard Regulations dated 1 June 1948.--D. H. CLARK --H. L. PUGH

JOINT LETTER -- BUSHIPS - BUMED

24 February 1949

BuMed Circular Letter No. 49-21

To: Commanders, All U. S. Naval Shipyards

Subj: Dental Department, Standard Organization Chart and Standard Shipyard Regulations.

Ref: (a) BUSHIPS ltr NY/A3-1(740) over EN28/A2-11 dtd 14 Feb 1947.
(b) BUSHIPS ltr NY/A3-1(741) over EN28/A2-11 dtd 4 June 1948.

Encl: (A) Standard Organization Chart, No. 11 dtd 1 March 1949 -- Dental Department (2 copies). (Omitted from this printing.)
(B) Standard Shipyard Regulations, Text of Chapter XIVA, Dental Department (Change No. 4 to Standard Shipyard Regulations) (2 copies). (Omitted from this printing.)

1. Enclosure (A) supersedes the standard organization chart promulgated by reference (a) and is effective 1 March 1949. Implementation is desired as soon thereafter as practicable but not later than 1 July 1949.

2. Enclosure (B) supersedes Chapter XIVA of the Standard Shipyard Regulations promulgated by reference (b) and is Change No. 4 to Standard Shipyard Regulations dated 1 June 1948.--D. H. CLARK --H. L. FUGH

BuMed Circular Letter No. 49-22

24 February 1949

To: All Ships and Stations

Subj: Secret Reports, "War Weariness", and "Attrition", dated April 1945, Declassification of.

Refs: (a) CNO ltr, Op-542-C-dm, A6-8, Serial: 751P542, dtd 2 Dec 1948.
(b) Secret Report, "War Weariness", April 1945.
(c) Secret Report, "Attrition", April 1945.

1. Secret reports, "War Weariness" and "Attrition", dated April 1945 are hereby declassified to Confidential in accordance with reference (a),

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2. The section of reference (c) entitled "Analysis of Pilot Turnover in 14 CV Squadrons", is hereby declassified to Open in accordance with reference (a).--C. A. SWANSON

BuMed Circular Letter No. 49-23

24 February 1949

To: All Ships and Stations

Subj: BuMed Circular Letters, Cancellation of Several.

1. The following letters are hereby canceled as the subjects discussed therein are now covered in the indicated portions of the Manual of the Medical Department, 1945, and changes thereto:

<u>N. D. Bul. No.</u>	<u>BuMed C/L No.</u>	<u>Date</u>	<u>Manual of the Medical Department Reference</u>
42-451 (p. 442, 31 Dec. 1943)	42-68	8 Aug 1942	Par. 2118 (Advance Changes 3-4 and 3-5).
44-365 (p. 365, Jan-June 1944).	44-50	29 Mar 1944	Par. 16B15.
47-154 (p. 253, Jan-June 1947).	47-16	13 Feb 1947	Pars. 35C9 and 35C10 (Advance Change 3-5).
47-421 (p. 263, Jan-June 1947).	47-54	30 Apr 1947	Part III, Chapter 1; and Pars. 4142, 4143, and 4144 (Advance Change 3-6).
47-582 (p. 268, Jan-June 1947).	47-78	23 June 1947	Part III, Chapter 1 (Advance Change 3-6).
48-387 (p. 164, Jan-June 1948).	48-61	27 May 1948	Part III, Chapter 1 (Advance Change 3-6).

--C. A. SWANSON

BuMed Circular Letter No. 49-24

24 February 1949

To: All Holders of the Bulletin of Bureau of Medicine and Surgery Circular Letters, NavMed-937.

Subj: BuMed Circular Letters, Cancellation of Several.

1. The following BuMed Circular Letters are hereby canceled for the reasons indicated:

<u>C/L NO.</u>	<u>REASON FOR CANCELLATION</u>
44-47	Current instructions in Par. 16B22, Manual of the Medical Department, 1945.
46-89	In view of Military Air Transport Service.
46-163	Submission of Weekly Morbidity Report suspended by BuMed C/L No. 48-44.
48-2	Current instructions in Par. 12B11.6, Manual of the Medical Department, 1945 (Advance Change 3-5). --C. A. SWANSON

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BuMed Circular Letter No. 49-25

1 March 1949

To: All Ships and Stations

Subj: NavMed-P (Report of Surgical Operations); Reduction of Submission Dates.

Ref: (a) Par. 5113.1, MMD.

1. NavMed-P (Report of Surgical Operations) has been required quarterly from all medical activities ashore and from hospital ships, and annually from all other ships. It has been determined that the submission of this report on an annual basis by all ships and stations will adequately meet the needs of the service.
2. Hereafter NavMed-P (Report of Surgical Operations) shall be prepared and submitted annually by all ships and stations, including hospitals. The report for calendar year 1949 will be the first due under the changed instructions.
3. An advance change in reference (a) will be promulgated to all holders of the Manual of the Medical Department.--C. A. SWANSON

BuMed Circular Letter No. 49-26

1 March 1949

Subj: Advance Change 3-10, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-27

2 March 1949

To: All Activities under Management Control of the Bureau of Medicine and Surgery

Subj: Procedure for Accomplishment of Work Projects under the Specific Work Request Authorization; Modification of.

Ref: (a) BuMed Circular Letter No. 48-145.

1. Change wording in the first sentence of paragraph 2 of reference (a) from "via the Commandant" to read "information copy to be furnished to the Commandant".
2. Delete the line "Via: (1) Commandant, _____ Naval District" at the top of Enclosure 1 of reference (a); add at the bottom of page copy distribution "CC: Commandant _____ Naval District".--C. A. SWANSON

JOINT LETTER --BUPERS-BUMED

3 March 1949

BuMed Circular Letter No. 49-28

To: All Ships and Stations

Subj: Cancellation of Certain Joint BuPers-BuMed Letters.

1. The following Joint BuPers-BuMed letters are hereby cancelled:

<u>Bulletin No.</u>	<u>BuMed C.L. No.</u>	<u>Subject</u>
44-321	* 44-38	Physical Examination for Officers Assigned to Duty Outside the Continental Limits.
44-703	* 44-105	Radium Plaque Adaptometers, Distribution of.
44-942	* 44-144	Radium Plaque Adaptometer Night Vision Test Cards.
44-1238	* 44-195	Physical Examinations for Officers Assigned to Duty Outside the Continental Limits.
45-210	45-56	Physical Examination of Enlisted Personnel to Prevent Physically Unqualified from Being Sent Overseas.
45-394	* 45-91	Processing of Repatriates.

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Bulletin No.	BuMed C.L. No.	Subject
45-1091	* 45-208	Dental Treatment of Personnel Eligible for Release to Inactive Duty.
45-1216	* 45-228	Dental Treatment of Personnel for Separation from Naval Service.
45-1887	* 45-284	Prostitution, Policy Regarding-- Control of Venereal Disease.
46-2200	* 46-171	Pamphlet, "The Hospital Corps, United States Navy, a Commendation by the Secretary of Navy"--Distribution of.

* Note: These letters were previously canceled in the Bulletin of BuMed Circular Letters.

--J. W. ROPER --C. A. SWANSON

BuMed Circular Letter No. 49-29

7 March 1949

To: All Ships and Stations.

Subj: Interment Expenses in Cases of Deceased Civilian Employees.

Refs: (a) ALNAV No. 219 of 8 October 1947.
(b) Act of 20 April 1940 (34 USC 926).
(c) Paragraph 4130, Manual Medical Department.

1. Reference (a) is hereby cancelled. The increase from \$50.00 to \$75.00 for interment expenses now appears in change 3-7 (BuMed circular letter 49-2) to paragraph 3447 of the Manual of the Medical Department.

2. The interment expense allowance of \$75.00 is applicable to all categories of persons listed in section 3 of Public Law 465-76th Congress, approved April 20, 1940 (54 Stat 145; 34 USC 926), which includes civilian employees of the Navy Department who have been ordered to duty outside the Continental limits of the United States and who die while on such duty or while performing authorized travel to or from such duty. Appropriate change will be made in reference (c) in the near future.--C. A. SWANSON

APPROVED: JOHN T. KOEHLER -- 3 Mar 1949

JOINT LETTER-- BUPERS- BUMED- MARCORPS

8 March 1949

BuMed Circular Letter No. 49-30

To: All Ships and Stations

Subj: Cancellation of Certain Joint BuPers-BuMed-MarCorps letters.

1. The following Joint BuPers-BuMed-MarCorps letters are hereby cancelled.

Bulletin No.	BuMed C.L. No.	Subject
42-1117	* 42-116	Procedure in Effecting Temporary Appointments and Promotions.
45-594	* 45-135	Personnel With Malaria and Filariasis, Disposition of.
45-998	* 45-198	Physical Examination Prior to Release from Active Duty or Discharge from the Naval Service (Corrected).
47-1121	47-164	Separation from the Naval Service of Personnel Having a Venereal Disease, Procedure for.
48-491	(None assigned)	Entry in Records of Navy and Marine Corps Personnel Who Participated in Operation Sandstone.

* Note: These letters were previously canceled in the Bulletin of BuMed Circular Letters.

--J. W. ROPER --C. A. SWANSON --C. B. CATES

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49-31

BuMed Circular Letter No. 49-31

8 March 1949

To: All Ships and Stations Assigned Dental Officers

Subject: Dental Officers' Responsibility Regarding Publications and Reports.

1. All dental officers should be familiar with certain publications which describe the basic duties and responsibilities of naval dental officers. Each dental officer should obtain and keep up-to-date personal copies of the following publications:

TITLE	HOW REQUESTED	WHERE OBTAINED
U. S. Navy Regulations 1948	Letter	Gov't Printing Office Wash., D. C. \$1.50 per copy without binder, personal expense.
Manual of the Medical Department, U. S. Navy	Letter	BuMed
Bulletin Bureau of Medicine and Surgery Circular Letters	Letter	BuMed
U. S. Navy Medical News Letter (Pertinent items only)	Letter	BuMed

2. All dental activities should have office copies of certain publications which are routinely necessary for reference use in the efficient administration of dental commands, departments, and services; and for the training of dental personnel. It should not be necessary for dental officers to transport voluminous personal files of official reference literature from one naval activity to another. All office copies of manuals and other publications, and files for correspondence and reports, shall at all times be kept up-to-date and readily accessible for inspection. Dental officers upon assuming charge or command of dental activities should immediately determine if all required manuals and literature are available. They should, if any be missing, submit requests for them. They should state in the request that the publications or literature is not available in the activity. The following table is provided as a guide for establishing libraries of official publications in all dental activities:

PUBLICATIONS REQUIRED FOR OFFICIAL USE IN DENTAL ACTIVITIES AFLOAT & ASHORE		
ITEM	HOW REQUESTED	OBTAINED FROM
U. S. Navy Regulations 1948.	Memo. request	Distributed by CO
Navy Department General Orders	Memo. request	Distributed by CO
Manual of the Medical Department, U.S. Navy	Letter	BuMed
Army-Navy Catalog of Medical Materiel	NAVMED-4	NavMedSupDepot
Bureau of Naval Personnel Manual	Memo. request	Distributed by CO
Naval Courts and Board	Memo. request	Distributed by CO
Navy Department Bulletin, All Ships and Stations Letters, NAVEXOS P-563 or latest edition	Memo. request	Distributed by CO
Navy Department Bulletin NAVEXOS P-1 (current issues)	Memo. request	Distributed by CO
Handbook of the Hospital Corps, U.S. Navy	NAVMED-4	NavMedSupDepot
Handbook for Dental Technologists, (General)	Letter	U.S. Naval Dental School, NNMC, Bethesda, Md.
Handbook for Dental Prosthetic Technicians	Letter	U.S. Naval Dental School, NNMC, Bethesda, Md.
Bulletin Bureau of Medicine and Surgery Circular Letters	Letter	BuMed
U.S. Navy Medical News Letter (current copies)	Letter	BuMed

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PUBLICATIONS REQUIRED FOR OFFICIAL USE IN DENTAL ACTIVITIES AFLOAT & ASHORE (CON'T)

ITEM	HOW REQUESTED	OBTAINED FROM
U. S. Navy Medical News Letter (past issues, binders and indexes)	Letter	BuMed
Navy Correspondence Manual, NAVEXOS P-388.	Letter	Records & Publications Section, EXOS, Navy Dept.
Register of Commissioned and Warrant Officers, USN & USMC	Letter	Distributed by the CO or obtained at personal expense from Government Printing Office
Register of Commissioned and Warrant Officers, USNR		Accumulated as received
Files containing pertinent current AlNavs, Circular Letters, etc.		Accumulated as received
Files containing local orders, memorandums, etc.		

Request for office copies of publications should contain a statement that they are for official use in the Dental Department of the ship or station.

3. Although it is essential for dental activities to be administered properly, it is desirable that all dental officers keep the time required for administration and supervision to an absolute minimum in order to increase their professional accomplishments.

4. Senior dental officers shall provide opportunities to all dental personnel on duty with them to become familiar with the preparation of the principal reports required from dental departments and services, ashore and afloat. The following table is provided as a guide for this instruction:

PRINCIPAL REPORTS REQUIRED FROM DENTAL DEPARTMENTS ASHORE AND AFLOAT

FORM	NAME	TO	WHEN	PREPARATION REFERENCE
NAVMED-D	Transfer of Property Custody	*BuMed (orig. only)	When property transferred due to change of DO.	Section XI, Part I, Chapter 3, MMD
NAVMED-H-4	Dental Record	Health Record, copy to BuMed	For each person entering Navy or Marine Corps or when Dental Record is missing.	Section IX, Part I, Chapter 3, MMD
NAVMED-HC-3	Receipt, Transfer & Status Card (Hospital Corps)	*BuMed (orig. only)	As required	517 MMD
NAVMED-HC-4	Roster Report of the Hospital Corps	*BuMed (orig. only)	Monthly	518 MMD
NAVMED-K	Report of Dental Operations and Treatments	*BuMed (orig. only)	Monthly	5112 MMD
NAVMED-L	Report of Prosthetic Dental Treatment	BuMed (orig. and card duplicate)	Monthly (enclose with NAVMED-610)	1378 MMD
NAVMED-4	BuMed Material Requisition	Nearest NavMedSupDepot (in triplicate)	When required	BuMed C.L. 48-73
NAVMED-461	Semiannual Dental Report	*BuMed (in duplicate)	1 Apr and 1 Oct	On form
NAVMED-610	Monthly Frosthodontia Report	*BuMed (orig. only)	Monthly	1380 MMD

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PRINCIPAL REPORTS REQUIRED FROM DENTAL DEPARTMENTS ASHORE AND AFLOAT (CON'T)

FORM	NAME	TO	WHEN	PREPARATION REFERENCE
NAVMED-785	Semiannual Dental Officer Personnel Report	*BuMed (orig. only)	1 Jul and 1 Jan	1381 MMD
Letter	HC Specialty training, Recommendation for	District Comdt. or Admin. Command	Monthly	5136 MMD
Letter	Dental Treatment for Humanitarian Reasons	*BuMed (orig. only)	Monthly (enclose with NAVMED-K)	5112.4 MMD
Letter	Inventory, decommissioning	*Records Management Center (copy to BuMed)	When decom. or disestablished	12B11 MMD
NAVSandA	Survey of Property	*MatDiv, BuMed	As required	3074-3077, Part VI, MMD

*Send copy to cognizant staff dental officer or district dental officer.

--C. A. SWANSON

BuMed Circular Letter No. 49-32

14 March 1949

To: All Ships and Stations

Subj: Acrylic Ocular Prosthetic Service, U. S. Naval Hospital, Philadelphia, Pennsylvania; Discontinuance of.

Ref: (a) ALSTACON dated 23 April 1946 regarding acrylic ocular prosthesis.

1. Reference (a) is hereby cancelled.

2. The Acrylic Ocular Prosthetic Service at the U. S. Naval Hospital, Philadelphia, Pennsylvania will be discontinued as of 1 June 1949.

3. The Acrylic Ocular Prosthetic Service at the U. S. Naval Hospital, San Diego, California and the Acrylic Ocular Prosthesis Department at the U. S. Naval Dental School, National Naval Medical Center, Bethesda, Maryland, will be the only two naval facilities of this type authorized after 1 June 1949.--C. A. SWANSON

BuMed Circular Letter No. 49-33

23 March 1949

Subj: Standard Clinical Record Forms; Forwarding of.

This letter forwarded to hospitals for information only a series of basic clinical record forms developed by the Interagency Committee on Medical Records.

BuMed Circular Letter No. 49-34

23 March 1949

Subj: Advance Change 3-11, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-35

30 March 1949

To: All District and Staff Medical Officers

Subj: Conduct of Hospital Corps Professional Technical Examinations for Advancement in Rating.

Ref: (a) Manual of Qualifications for Advancement in Rating (NAVPERS 18068).

1. Information has come to the attention of the Bureau that difficulty is being experienced by district and staff medical officers in coordinating Hospital Corps medical technical examinations in naval district and fleet-wide Hospital Corps competitive advancement examinations.
 2. In order to clarify existing instructions and assure that Hospital Corpsmen designated in medical technical specialties are given opportunity to demonstrate specialized professional technical knowledge and skills, it is the desire of the Bureau that all men who so request be given either a practical, oral, or written examination in their designated specialty by the local examining board or medical officer conducting the examination, and an appropriate mark recorded on the final Examination Report or Answer Sheet.
 3. It is further the desire of the Bureau that the examination mark in the technical specialty be incorporated as a factor in computing the final mark for the professional examination, in accordance with the instructions contained in the applicable Sections of the "Manual of Qualifications for Advancement in Rating."--C. A. SWANSON
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BuMed Circular Letter No. 49-36

30 March 1949

To: All Ships and Stations assigned Nurse Corps Officers.

Subj: Interim Plan for Professional Examination for Promotion of Officers of the Nurse Corps.

Ref: (a) BuPers C/L No. 18-49 of Navy Dept. Bul. dated 31 Jan 49, 49-63, (Pars. 3, 4, and 10.)

Encl: (A) Bibliography for promotion examination.

1. The following constitutes an interim plan to meet the present necessity of determining the professional qualifications of officers of the nurse corps eligible for promotion during the calendar year of 1949:

A. Professional examination for promotion to the grade of lieutenant junior grade and lieutenant. Examination for promotion to the grade of lieutenant junior grade and lieutenant shall be similar in scope except that greater practical knowledge and ability is expected of the candidate for promotion to the grade of lieutenant. The examination shall include:

- (1) General principles of nursing.
- (2) Medical and surgical nursing.
- (3) Practical examination in general nursing procedures.
- (4) Ward Administration.
- (5) Administration of clinical nursing service.
- (6) Counseling and placement of personnel within a ward or department.
- (7) U. S. Navy Regulations.
- (8) Manual of the Medical Department, U. S. Navy.

B. Professional examination for promotion to the grade of lieutenant commander. Examination for promotion to the grade of lieutenant commander shall include:

- (1) All phases of nursing and naval aspects of nursing.
- (2) Planning, organization, and administration of nursing service in dispensaries, clinics, and hospitals, ashore and afloat.
- (3) Planning nursing service for the establishment of dispensaries, clinics, and hospitals, ashore and afloat.
- (4) Counseling and placement of personnel in the nursing service in a medical activity and for medical activities.
- (5) U. S. Navy Regulations.
- (6) Manual of the Medical Department, U. S. Navy.

C. Professional examination for promotion to the grade of commander. Examination for promotion to the grade of commander shall embrace all phases of administration, personnel management, progress and current trends in nursing service, as well as:

- (1) U. S. Navy Regulations.
- (2) Manual of the Medical Department, U. S. Navy.

2. Enclosure (A) gives the source from which the examining officers will base the examination. The nursing reference books listed were published as a result of a survey of the nursing field and indicate the present and future trends in the nursing profession. All nurses should be acquainted with these books.--H. L. PUGH

Enclosure (A)

BIBLIOGRAPHY FOR PROMOTION EXAMINATION

- A. Administration: Armed forces Organization and Leadership.
1. Navy Regulations, 1948 - Chapters 1, 4 - section 3; 6; 7; 8; 9 - sections 1 & 8; 11; 12; 13; 14; 18 and 21 - sections 1, 2, 3, 5, 6, 7, 9 and 10.
 2. National Security Act of 1947 (AS&SL July-Dec 1947, 47-722, Page 33).

B. Manual of the Medical Department, U. S. Navy, 1945.

Part 1, Chapters 1, 2B, 2C, 2D, 6A, 6C and Part IV, Chapter 1.

C. Nursing reference books.

1. Nursing for the Future by Esther Lucille Brown, Ph.D. Published: Russell Sage Foundation, 130 East 22nd Street, New York 10, New York. (\$2.00).

2. A Program for the Nursing Profession by the Committee on the Function of Nursing, by Eli Ginsberg, Ph.D. published: The MacMillan Company, 60th Fifth Avenue, New York 16, New York. (\$2.00).

BuMed Circular Letter No. 49-37

1 April 1949

To: All Ships and Stations

Subj: Aviation Selection Tests, Information concerning.

1. The following Aviation Selection Test booklets are being revised and will be distributed early in fiscal year 1950:

NAVMED-179- U. S. Navy Mechanical Comprehension Test-MCT Form 4

NAVMED-180- U. S. Navy Mechanical Comprehension Test-MCT Form 5

NAVMED-181- U. S. Navy Aviation Classification Test-ACT Form 1

NAVMED-182- U. S. Navy Aviation Classification Test-ACT Form 2

2. These revisions will replace the tests now in use. Revised instructions for use and new scoring keys will accompany the new tests. There will be no revision of the answer sheets.

3. All activities which hold test booklets at present and are responsible for administration of the tests to applicants for naval aviation training are directed to forward to BUMED, Attn: Code 537, the following information:

A. Estimate of number of test booklets needed during fiscal year 1950. (Each activity needs only a sufficient number of booklets to supply the largest number of men likely to be tested in one group at the same time.)

B. Number of answer sheets now on hand. The number of forms NAVMED-199 and NAVMED-200 are to be indicated separately.

4. In order to accomplish the change to the new booklets simultaneously throughout the Navy, it is necessary that the above information be received in BUMED not later than 1 June 1949.--C. A. SWANSON

BuMed Circular Letter No. 49-38

1 April 1949

To: All Naval Hospitals

Subj: Orthopedic and Prosthetic Appliances for Retired Naval and Marine Corps Personnel and Fleet Naval and Marine Corps Reservists, Inactive.

Refs: (a) Par. 3056 - Manual of the Medical Department.

(b) Naval Appropriation Act.

(c) Art. 0430 - Navy Regs. 1948.

1. Reference (a) is hereby modified.

2. Retired naval and Marine Corps personnel and Fleet Naval and Marine Corps Reservists are entitled to receive orthopedic and prosthetic appliances, including hearing aids, under existing regulations, when admitted to a naval hospital for treatment and the device is recommended by a naval medical officer as part of, and incident to, their treatment. Spectacles cannot be furnished to retired naval and Marine Corps personnel and Fleet Naval and Marine Corps Reservists under existing regulations.

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3. Servicing of hearing aids and replacement of parts thereof will be limited to the manufacturer's guarantee and will be based upon a personal relationship with the recipient and the manufacturer only. Replacements of hearing aids will be upon the same basis as the initial provision thereof and except in unusual circumstances will not be effected within two years of the initial furnishing or the last replacement of the appliance and then only with prior Bureau approval.

4. Under no circumstances will hearing aids, and repair or replacement thereof, be provided to such personnel not in an in-patient status in a naval hospital.

5. In the absence of availability of naval medical activities, retired naval and Marine Corps personnel and Fleet Naval and Marine Corps Reservists, who served in either World War I or II, may be advised that they may obtain orthopedic and prosthetic appliances for service-connected disabilities from a Veterans Administration facility after presenting a disability claim (VA Form 526) and having it adjudicated by the Veterans Administration. (38 U. S. Code, Section 706-709).--C. A. SWANSON

APPROVED: 25 March 1949, DAN A. KIMBALL, Act. SecNav.

BuMed Circular Letter No. 49-39

4 April 1949

To: All Activities With Medical Department Personnel Attached

Subj: Navmed-Fa, Change In Preparation Of.

1. Immediately upon receipt of this letter, it is directed that Navmed-Fa cards submitted to the Bureau be prepared as original ribbon copies. The file copy to be retained by the individual activity may be prepared either on the paper Navmed-F or on another Navmed-Fa, as desired.

2. It is further directed that particular care be taken to insure that file or service numbers be reported and that they be correct and legible on Navmed-Fa as well as on other reports (Navmed-M and Navmed-N), submitted to the Bureau on individuals. Since these numbers are now used as the only means of identification of individuals in the processing of these reports, it is essential that errors and omissions be reduced to a minimum.--H. L. PUGH

BuMed Circular Letter No. 49-40

7 April 1949

To: Medical Officers in Command, Naval Hospitals

Subj: BuMed Circular Letters, Cancellation of 46-98 and 48-30.

1. The following BuMed Circular Letters are canceled for the reasons indicated:

<u>C/L NO.</u>	<u>REASON FOR CANCELCATION</u>
46-98	Current data being reported on the Cross Index System for Clinical Records.
48-30	In view of General Order No. 15.

--C. A. SWANSON

BuMed Circular Letter No. 49-41

8 April 1949

To: All Holders of the Manual of the Medical Department

Subj: Diagnostic Nomenclature and list of Surgical Operations.

Ref: (a) Part II, Ch. 3, Manual of the Medical Department.

Encl: 1. Joint Armed Forces Statistical Classification and Basic Diagnostic Nomenclature of Diseases and Injuries with a List of Surgical Operations, 1949 (NavMed P-1294). (Not reprinted herein.)

1. Enclosure 1 becomes effective on 1 June 1949 for the recording and reporting of diagnoses and surgical operations on Medical Department records and reports. It supersedes Sections II, III, IV, V, and VI of reference (a) and the corresponding parts of NavMed-351 (Reprint of ref. (a)) which are hereby cancelled effective 1 June. Enclosure 1 also makes obsolete the examples in Section I of ref. (a)), but the instructions contained in that section remain in effect. Changes in the Manual of the Medical Department will be embodied in a forthcoming revision.
2. All diagnoses established and all surgical operations performed after 31 May shall be recorded in terms provided for in enclosure 1. Those patients on the sick list on 1 June who were admitted prior to that date may be carried under the old diagnostic titles until the termination of their current diagnosis, but any new diagnoses established on such patients shall be in terms of the new nomenclature. NavMed-Fa will thus reflect the old nomenclature for diagnoses established prior to 1 June and the new nomenclature for diagnoses established on and after 1 June. Patients re-admitted after 1 June for disabilities for which they have previously been taken up under old titles shall be taken up as RA under the appropriate new titles.
3. The Monthly Morbidity Report (NavMed-582) has been revised to conform to the classification and nomenclature changes, and an initial distribution of the revised form will be made to requiring activities and shall be used for reports following 30 June covering the month of June. The revision abolishes the distinction between Types I and II reports and henceforth only one type covering both permanently attached personnel and transients will be required. On receipt of revised forms NavMed-582, and after submission of the Report covering May 1949, stocks of the old form shall be destroyed.--H. L. PUGH

BuMed Circular Letter No. 49-42

12 April 1949

Subj: Advance Change 3-12, Manual of the Medical Department.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-43

15 April 1949

To: Medical Officers in Command, Naval Hospitals

Subj: Standard Admission Record, NAVMED-1285 (Rev. 2-49), Use of.

- Encl: 1. (HW) Admission Record, NAVMED-1285 (Rev. 2-49).
2. (HW) Sample Admission Records; adapted for several categories of patients.
3. (HW) Local Admission Slip.
4. (HW) Guide for Local Adaptation of Standard Admission Procedure.
5. (HW) Staff Locator Card, NAVMED-1286.

NOTE: Enclosures omitted from this reprint.

1. Suggestions from operating officials and data compiled during a study of hospital admission procedures have been incorporated in a standard Admission Record, enclosure 1, to be used in lieu of local admission cards for the initial and later recording of admission information. It is anticipated that the complete coverage of admission information afforded by this form will provide the means for eliminating several supplemental files now maintained in the Record Office and that it will be the basis for establishing uniform admission procedures. This standard form has been used successfully in pilot hospitals for several months.
2. The standard Admission Record is adaptable to all categories of patients as illustrated in enclosure 2. Further guides for the installation of this form and the general standardization of admission procedures are supplied in enclosure 4. Distribution of the copies provided in each set of forms should be held to the minimum for efficient operation depending primarily on the size of the organization.

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3. The completion of a worksheet, similar to enclosure 3, may be desirable prior to typing an admission record. This local form can be used for such purposes as emergent admissions, indoctrinating admission clerks, and the inclusion of additional information desired by the Record Office where it should be routed after completing the Admission Record.

4. It is believed that most activities will be able to continue using their present filing equipment since nearly all local admission cards are the same size as the standard forms. In addition, consideration should be given the use of colored or numbered file signals for the ready identification of serious or critical cases, medical survey cases, certain types of supernumeraries, and such reminders as the month in which to pull the card of a discharged patient from the Information Desk file.

5. These standard admission forms are available and should be ordered from the appropriate District Publications and Printing Office. Requisitions should be limited, normally, to a three months' supply in order to assure the currency of forms. To allow for such variables as spoilage and readmission from convalescent leave, a formula of total patient census times five has been established for a three months' usage rate on admission records, e.g., 1000 (patients) x 5 = 5,000 forms for a three months' supply at a hospital having 1000 patients. This formula is based on a relatively high average patient turnover of 100% every 18 days. The Bureau should be informed immediately if the application of the usage formula will result in an excessive or insufficient supply of forms at an activity. Requisitions based on actual use experience will benefit all concerned and hold local stock piling to a minimum as well as assure the use of current forms.

6. A companion form, the standard Staff Locator Card, enclosure 5, provides the basis for an alphabetical file at the Information Desk, Post Office and Staff Quarters for the quick location of military and civilian staff personnel. The military Detail Desk in the Personnel Office can use a copy of this card to control assignments. A supply of staff locator cards sufficient to accommodate the present staff at each activity is being forwarded under separate cover. Reorders of the Staff Locator Card will be filled by the Bureau (Code 2112) until further notice. Requisitions should be based on a three months' usage rate and should include recommendations for revision.

7. The standard Admission Record and Staff Locator Card shall be put into use on or prior to 1 July 1949, and shall replace local forms used for the same purpose. Personal assistance on the installation of these standard forms will be provided upon request to the Bureau (Code 211). Suggestions and comments for revision are invited after a suitable trial period.--C. A. SWANSON

BuMed Circular Letter No. 49-44

19 April 1949

To: All Ships and Stations

Subj: Neuropsychiatric Centers; Designation and Establishment of.

1. Effective this date the U. S. Naval Hospital, Philadelphia, Pennsylvania, and the U. S. Naval Hospital, Mare Island, Vallejo, California, are designated and established as the Neuropsychiatric Centers for the East and West Coast respectively. Transfers to these Centers shall be in accordance with current instructions.

2. All directives contrary to this letter are canceled or superseded.

3. Paragraph 16B25, Manual of the Medical Department, will be corrected accordingly in future manual changes.--C. A. SWANSON

BuMed Circular Letter No. 49-45

21 April 1949

To: All Activities Providing Out-Patient Treatment for Dependents of Armed Forces Personnel

Subj: Monthly Summary Medical Care of Dependents NavMed-669; Additional Data Required.

Refs: (a) Par. 4111 MMD.
(b) BuMed Cir. Ltr. No. 48-106.

1. The section headed "out-patient visits and examinations by Departments" of the subject report for the month of April and thereafter shall include specific information on out-patient visits and examinations of the dependents of Army and dependents of Air Force personnel. Two additional columns shall be drawn in to the left of the column headed "No. Visits" and "No. Exams.". The first of the new columns shall be headed "Army" and the other "Air". The visits and special examinations performed on dependents of Army and Air Force personnel shall be indicated in the appropriate columns. The columns headed "No. Visits" and "No. Exams." shall continue to include counts on all of the dependents regardless of the branch of military service.

2. Reference (b) modified accordingly.--H. L. PUGH

BuMed Circular Letter No. 49-46

25 April 1949

To: All Ships and Stations

Subj: Medical Department Money Allotments for Ships, Fiscal Year 1950.

Refs: (a) BuMed Circ. Ltr. 48-50.
(b) BuSanda Manual, Vol. III, Par. 36001(4).
(c) BuMed Circ. Ltr. 45-178.
(d) BuMed Circ. Ltr. 48-26.
(e) BuMed Circ. Ltr. 48-143.

1. Reference (a) is hereby canceled. Effective 1 July 1949, annual Medical Department money allotments for the fiscal year 1950 are provided for each type vessel in commission, except vessels assigned to the reserve fleets, as follows:

Type	Amount	Type	Amount	Type	Amount
AD	\$300	AR	\$300	CL	\$300
AG*	300	ARG	300	CV	500
AGB*	300	ARH	300	CVB	500
AGC	400	AS	300	CVE	120
AGS	240	AV	360	CVL	120
AP	360	BB	400		
APA	360	CA	300		

*Granted only when a medical officer is attached.

Note: Where type vessels have a dental prosthetic laboratory aboard, the allotment will be increased in the amount of \$240.00.

2. The amounts stated above constitute allotments of the appropriation 1701102 Medical Department, Navy, 1950, and are divisible into four equal quarterly apportionments. The availability for expenditure and obligation against these allotments is limited to each quarterly apportionment plus any unexpended balance from a previous quarter during the fiscal year 1950. Twenty percent of the above allotments is to be set aside for the procurement of dental supplies and equipment where one or more dental officers are attached as set forth in paragraph 2 of reference (d).

3. The medical and dental departments of each vessel making expenditures and obligations against these allotments shall furnish the Supply Department the necessary accounting classification and program allotment numbers required by current BuSanda directives. Program allotment numbers to be used are as follows:

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	<u>Program Allotment No.</u>
Medical care afloat	12000
Dental care afloat	14000

4. Type vessels listed in paragraph 1 shall prepare and submit an annual purchase requisition (BuSanda Form 44 and 44a) in accordance with reference (e), using the following language on the face of the requisition:

1. For sundry items of medical and dental supplies and minor equipment; special diets for the sick; laundry supplies and services; services of blood donors; repair of and parts for Medical and Dental Department equipment; in such quantities and at such times as may be required during the fiscal year 1950.

5. Medical and Dental Department property accountability for vessels with or without an allotment shall be maintained on board in the usual manner prescribed in current directives. The only financial report required is a letter informing the Bureau relative to the status of the allotment and the expenditures incurred during the quarter. The information required is as follows:

Status of allotment, quarter ended	<u>Dental</u>	<u>Medical</u>	<u>Total</u>
1. Quarterly apportionment \$	\$	\$	\$
2. Increase granted by the Bureau			
3. Unexpended balance from previous quarter	_____	_____	_____
4. Total available for expenditure \$			
5. Expenditures during quarter	_____	_____	_____
6. Unexpended balance carried forward to next quarter	_____	_____	_____
Totals	=====	=====	=====

7. Expenditure by subobjects: (List subobjects and amounts, as to medical and dental.)

Remarks:

Note: 1. The quarterly apportionment is one-fourth the amount shown in paragraph 1 above.

2. Increase granted by Bureau. In the event an increase is actually required and the Bureau's authorization has not been received, record the amount requested on this line and state circumstances under "remarks."

3. Unexpended balance from previous quarter. The first-quarter report will indicate "none."

4. Total available for expenditure is the total reported on lines 1, 2, and 3.

5. Expenditures during quarter. Report total expenditures incurred against the appropriation 1701102, MDN, 1950, during the quarter.

6. Unexpended balance carried forward to next quarter. Report this amount on line 3 of succeeding quarterly report except that the amount reported on this line of fourth-quarter report will revert to the Bureau and is not available to the ship for expenditure.

7. Obligations are not to be reported except when they are included on line 6.

8. Expenditures shall be classified under the appropriate subobject as indicated in reference (c).

6. Certain types of small vessels rarely require medical or dental stores other than those listed in the Army-Navy Catalog of Medical Materiel. It is intended that such vessels will be furnished necessary medical and dental stores by the shore station, base, tender, or larger vessel to which regularly or temporarily assigned for operations or other purpose. During periods in transit or on detached service, such vessels may obtain medical or dental stores from any naval medical department activity, in the following order of preference: (1) Shore stations or bases regularly supplying similar vessels; (2) any shore station or base; (3) any NavMedSupDep; (4) other ships. Activities receiving such requests are directed to issue such essential medical and dental stores as may be so requested. Shore activities located at ports where such vessels frequently call shall be prepared to render this service.

--C. A. SWANSON

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BuMed Circular Letter No. 49-47

25 April 1949

To: All Ships and Stations

Subj: Designation of the Library at the U. S. Naval Medical School, NMMC, Bethesda, Md., as the Edward Rhodes Stitt Library.

Ref: (a) SecNav ltr of 19 Apr 1949.

1. Pursuant to reference (a) the Medical Library at the U. S. Naval Medical School, National Naval Medical Center, Bethesda, Maryland, was on 22 April 1949, designated as the Edward Rhodes Stitt Library in honor of the recently deceased Rear Admiral Edward R. Stitt, (MC) USN, who was Surgeon General of the Navy from 1920-1928.
--C. A. SWANSON

BuMed Circular Letter No. 49-48

26 April 1949

To: Holders of the Bulletin of Bureau of Medicine and Surgery Circular Letters.

Subj: BuMed Circular Letters, Cancellation of Several.

1. The following BuMed Circular Letters are hereby canceled as having served their purpose:

BuMed C/L No. Subject

44-74	Serum Albumin (Human), Distribution and Use of.
44-84	Dry Cell Batteries.
45-25	Storage Space; Report of.
45-153	Medical Stores, Modification of Control, Issue, Invoicing and Purchasing Procedures at Medical Supply Depots and Storehouses, and at Medical Sections of Naval Supply Depots (Revised).
45-223	Replacement of Worn or Obsolete Equipment.
46-25	Field Medical Unit No. 35C, Chest, Dental (for Emergency Repair of Vulcanite and Resin Dentures), Stock Number 14-189, Supply Catalog, Medical Department, U. S. Navy; Issuance of.
46-64	Inventory Control Program for 1946 (2nd revision).
46-184	Material Requirements for Medical Department Activities, Screening of.
47-53	Limited Standard Supplement to BuMed Section, Catalog of Navy Material.
48-11	Hospital Modernization Program, Cancellation of.

--C. A. SWANSON

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49-49

BuMed Circular Letter No. 49-49

26 April 1949

To: Commanders, All Naval Training Centers, Commanding Generals, U. S. Marine Corps
Recruit Depots.

Subj: Venereal Disease in Recruits, Reporting of.

Refs: (a) Par. 2182, M.M.D.
(b) Par. 2184, (p) (q), M.M.D.
(c) Par. 339.2, M.M.D.
(d) Navy Recruiting Service ltr #56-48 dtd 19 Oct 1948.
(e) Comdt MarCorps ltr MC-1051367 dtd 18 Oct 1948.

Encl: 1. (HW) FSA Form PHS-956(VD). (Not reprinted herein.)

1. Attention is invited to the above references. This letter does not change or modify existing instructions as to acceptance, retention, or discharge of individuals with venereal disease in the Navy and Marine Corps.

2. Pursuant to conferences between the National Defense Establishment, National Headquarters Selective Service System and the United States Public Health Service, there has been evolved a plan for providing diagnostic and treatment services for selectees and applicants for military service with venereal disease. The Navy and Marine Corps are reporting to the United States Public Health Service (references (d) and (e)) all applicants who present themselves for enlistment who are suspects or who have clinical evidence of venereal disease or a history thereof. In addition, a report is desired on recruits having a positive serologic test resulting from syphilis which existed prior to enlistment. The evidence obtained will provide a reasonable basis for estimates of the prevalence of venereal disease among specific civilian population groups.

3. All recruits shall have a serologic test for syphilis accomplished as soon as practicable after arrival at the recruit training center or depot. In all recruits found to have a positive serologic test, resulting from syphilis, EPTE, it is requested that the Federal Security Agency Form PHS-956(VD) be prepared and forwarded on each individual as follows:

Procedure for reporting recruits found to have a positive serologic test resulting from syphilis, EPTE.

(a) Obtain all possible evidence of EPTE venereal infection (syphilis), such as date, diagnosis, treatment, and follow-up.

(b) Prepare FSA Form PHS-956(VD) including the associated facts.

NOTE:

1. Do not fill in line beginning with "You are hereby advised to report within 48 hours to"

2. In block marked ACCEPTED enter "yes" if retained in the naval service and include the following on the lower blank portion on the form: "Under supervision of Medical Department, U. S. Navy."

(c) Forward FSA Form PHS-956(VD) as follows:

Copy 1. To U. S. Public Health Service, Washington 25, D. C.

Copy 2. To Bureau of Medicine and Surgery, Code 7213.

Copy 3 and 4. To State Health Department of State wherein the individual resided prior to entry in the service.

Copy 5. Retain with recruit's medical record.

(d) Include all pertinent data on EPTE venereal infection (syphilis), such as date, place, diagnosis, name of attending physician, follow-up and recommended follow-up, on the Medical History Sheet.

4. It is requested that the records of all future recruits be reviewed for entries required by references (d) and (e) and that all recruits retained in service who are found to have an EPTE venereal infection receive adequate follow-up including serologic tests for syphilis at monthly intervals during recruit training.

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5. Copies of Federal Security Agency Form PHS-956(VD) (Report of a Suspect or Case of VD Among Persons Examined for Military Service) are being forwarded under separate cover. Additional copies may be obtained by request to BuMed.

6. Appropriate changes will be made in the Manual of the Medical Department.
--C. A. SWANSON

BuMed Circular Letter No. 49-50

26 April 1949

To: Medical Officers in Command, U. S. Naval Hospitals

Subj: Graduate Medical Training Program (Internships and Residencies)

Refs: (a) BuMed C/L No. 47-163.

(b) BuMed C/L No. 49-12.

(c) Par. 5129A MMD.

(d) Par. 5129C MMD.

(e) Essentials of an Approved Internship (Revised to December 1948; originally published JAMA 72:1757 (June 14), 1919).

(f) Essentials of Approved Residencies and Fellowships (Revised to December 1948; originally published JAMA 90:922, 24 Mar 1928).

(g) Outline of Graduate Medical Training Program in the U. S. Navy, 1 May 1946 and revised 15 Nov 1947.

1. Ref. (a) is hereby canceled and superseded. Ref. (g) is also canceled and will be superseded at a later date. Refs. (b), (c), and (d) remain in effect.

2. Ref. (e) is to serve as the standard and basis of approval for a twelve-months' rotating internship within naval hospitals. To insure the eligibility of naval interns for a medical state licensure upon completion of their intern period, a proposed schedule for intern training based on one year's service in an approval naval hospital is listed for compliance.

	<u>Weeks</u>	<u>Weeks</u>
A. Medical Service - - - - -		14
General Medicine - - - - -	8	
Neurology and Psychiatry - - - - -	3	
Pediatrics - - - - -	3	
B. Surgical Service - - - - -		16
General Surgery (Minimum of 6 appendectomies; 6 hernias; and serve as Asst. in 12 other major operations) - - - - -	10	
Orthopedics - - - - -	2	
Urology - - - - -	2	
Ophthalmology and Otolaryngology - - - - -	2	
C. Obstetrics (Observe 25 deliveries and deliver 12 under super- vision) - - - - -		8
D. Pathology (Commonwealth of Pa. ONLY, requires 8 wks.) (Observe 36 necropsies per year) - - - - -		6-8
E. Radiology - - - - -		2
F. Anesthesia (Administer 15 anesthetics of various types under supervision) - - - - -		2
TOTAL - - - - -		<u>48-50</u>

Additional 2-4 weeks to complete one year of intern training may be used in conjunction with the above services or in subspecialties of tuberculosis, cardiology, diabetes, communicable diseases, allergy, etc.

The obstetrical and pathological services shall be separate assigned services and not taken in conjunction with other services.

Each naval intern is to attend clinical conferences and is required to present at least one medical paper during his internship.

Each intern should be encouraged at the beginning of his intern year to ascertain the specific requirements of the State in which he desires to obtain licensure. In the event that the requirements from a State are not met by the above rotational program of training, the medical officer in command should adjust the pattern of rotation to meet the needs for each intern.

3. Ref. (f), Essentials of Approved Residencies and Fellowships, as prepared by the Council on Medical Education and Hospitals of the American Medical Association, is to serve as the standard and basis of approval for residencies in the various specialties represented by an American Specialty Board. Medical officers who consider themselves eligible to apply for permission to take the examination for certification by an American Specialty Board are required to apply directly to the Bureau of Medicine and Surgery for an evaluation of their formal training credits. Applicants for admission to membership in the American College of Surgeons or the American College of Physicians are to submit their applications to the Bureau of Medicine and Surgery for evaluation and endorsement by the Surgeon General who serves as the Governor of these Colleges for physicians in the naval service.

4. Copies of Refs. (e) and (f) are available in BuMed.--C. A. SWANSON

BuMed Circular Letter No. 49-51

28 April 1949

To: All Ships and Stations

Subj: Albumin, Serum, Human; Plasma, Normal, Human, Dried and Other Blood Derivatives; Potency Data and Disposition Instructions.

Refs: (a) BuMed Circ. Ltr. 48-91.
(b) AlNav 336-45; AS&SL July-December 1945, 45-1418, P. 165.
(c) AlNav 592-46; AS&SL July-December 1946, 46-2118, P. 92.

Encl: 1. (HW) Disposal Instructions for Expired Blood Derivatives.

1. References (a), (b), and (c) are hereby canceled and superseded by this letter.

2. The potency periods of blood derivatives enumerated below are hereby established for stocks now on hand:

(a) Albumin Serum, Human, 25 Gm., 100 c.c., Stock #1-582-010 - 7 years from date of manufacture.

(b) Albumin, Serum, Human, Salt Poor, 25 Gm., 100 c.c., Stock #1-582-045 - 7 years from date of manufacture.

(1) All Serum Albumin now on hand which has a manufacturer's labeled expiration date ending any time in the calendar years 1945, 1946, or 1947, should be extended 4 years from the date shown on the package. All other expiration dates shown for Serum Albumin shall be advanced 2 years.

(c) Plasma, Normal, Human, Dried, 500 c.c. (or 250 c.c.), Stock #1-607-104 - 7 years from date of manufacture.

(1) All Plasma, Normal, Human, Dried, now in stock which has a manufacturer's labeled expiration date of 1945 or earlier shall be extended 4 years from the date appearing on the package. All other expiration dates for Plasma, Normal, Human, Dried shall be advanced 2 years.

(d) Fibrin Film, Human, Stock #1-604-775 - 3 years from date of manufacture.

(e) Fibrin Foam and Thrombin, Stock #1-604-785 - 3 years from date of manufacture.

(f) Globulin, Immune, Serum, Human, Stock #1-605-505 - 2 years from date of manufacture.

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3. Refrigerated storage at not above 5° Centigrade or below 0° Centigrade is required for all of the above-mentioned items, except blood plasma and serum albumin. Blood plasma, dried and serum albumin may be stored at room temperature.

4. The following disposition instructions are provided for all of the above-mentioned blood derivatives for which the potency period, as established in paragraph 2 above, has expired. These disposition instructions shall be carried out as expeditiously as possible in order to prevent the use and accumulation of outdated blood derivatives.

(a) Continental Shore Activities. Continental shore activities shall dispose of all quantities of expired blood derivatives to the American National Red Cross in accordance with instructions set forth in enclosure 1. Transfer shall be effected without reimbursement on NavSanda 127 at book value, referencing this letter as authority. Shipment shall be made COLLECT, utilizing cheapest available transportation. Original and one copy of NavSanda 127 shall be furnished consignee with one copy for the General Supply Officer, American National Red Cross, National Headquarters, Washington, D. C. Shipping documents should carry the reference number indicated in enclosure 1 for each group.

(b) Ships and Extra-Continental Shore Activities. All ships and extra-continental shore activities shall transfer all quantities of expired blood derivatives to the nearest continental naval medical supply depot. Transfer shall be effected on NavSanda 127 at book value, referencing this letter as authority. Cognizant depot shall collect and dispose of such quantities of outdated material in accordance with the instructions contained in enclosure 1.--C. A. SWANSON APPROVED: 28 April 1949 - JOHN L. SULLIVAN
SecNav

Enclosure 1 to C/L 49-51

DISPOSAL INSTRUCTIONS FOR EXPIRED BLOOD DERIVATIVES

<u>Stock No.</u>	<u>Item</u>	<u>Material in Zone*</u>	<u>Ship to Consignee*</u>	<u>Mark</u>
1-582-010	Albumin, Serum, Human, 25 Gr., 100 cc	1	3	D-499-125
		2	4	D-499-130
		3	5	D-499-131
		4	6	D-499-132
1-582-045	Albumin, Serum, Human, Salt Poor, 25 Gr., 100 cc.	1	3	D-499-129
		2	4	D-499-130
		3	5	D-499-131
		4	6	D-499-132
1-604-775	Fibrin Film, Human, 8 x 13 cm	Survey in accordance with existing instructions. Destroy, of no value. Note: DESTRUCTION MUST BE COMPLETE.		
1-604-785	Fibrin Foam and Thrombin, Human	Survey in accordance with existing instructions. Destroy, of no value. Note: DESTRUCTION MUST BE COMPLETE.		
1-605-505	Globulin, Immune Serum, Human, 10 cc	1	2	D-499-129
		2	4	D-499-130
		3	5	D-499-131
		4	6	D-499-132
1-607-100	Plasma, Normal, Human Dried, 250 cc	1	1	D-499-129
		2	4	D-499-130
		3	5	D-499-131
		4	6	D-499-132
1-607-104	Plasma, Normal, Human, Dried, 500 cc	1	1	D-499-129
		2	4	D-499-130
		3	5	D-499-131
		4	6	D-499-132

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Continuation of Enclosure 1 to C/L 49-51

*LEGEND

<u>ZONE 1</u> Connecticut Delaware District of Columbia Florida Georgia Kentucky Maine Maryland Massachusetts New Hampshire New Jersey	New York North Carolina Ohio Pennsylvania Rhode Island South Carolina Tennessee Vermont Virginia West Virginia	<u>CONSIGNEE #1</u> American National Red Cross c/o E. R. Squibb & Sons New Brunswick, New Jersey <u>CONSIGNEE #2</u> American National Red Cross c/o The Baltimore Cold Storage Co. 17 East Pratt Street Baltimore, Maryland
<u>ZONE 2</u> Illinois Indiana Iowa Kansas Michigan Minnesota	Missouri Nebraska North Dakota South Dakota Wisconsin	<u>CONSIGNEE #3</u> American National Red Cross National Headquarters Storeroom 930 H Street, N. W. Washington, D. C. <u>CONSIGNEE #4</u> American National Red Cross Midwestern Area Stockroom 1709 Washington Avenue St. Louis, Missouri
<u>ZONE 3</u> Alabama Arkansas Colorado Louisiana	Mississippi New Mexico Oklahoma Texas	<u>CONSIGNEE #5</u> American National Red Cross c/o Armour Laboratories Division Armour and Company Fort Worth, Texas
<u>ZONE 4</u> Arizona California Idaho Montana Nevada	Oregon Utah Washington Wyoming	<u>CONSIGNEE #6</u> American National Red Cross Pacific Area Storeroom 1755 Bush Street San Francisco, California

BuMed Circular Letter No. 49-52 RESTRICTED

28 April 1949

To: Shore Stations (Cont. U.S.) Having Medical and/or Dental Officers, NDs (Cont. U.S.)
 EastSeaFron, WestSeaFron, CNO, and ONM

Subj: Medical and Dental Material, Retention of in Excess of Authorized Operating
 Stock Levels for Inclusion in Emergency Expansion Reserves.

Encl: 1. (HW) Emergency Expansion Bed Capacities of Continental U. S. Naval Hospitals.

1. The possibility of emergency expansion of the Navy is of special concern to BuMed in that the initial surge of personnel arriving at continental naval stations incident to such expansion, and consequent sudden demand for increased medical and dental services, would outstrip the Bureau's ability to procure and distribute required material; therefore, measures to cushion the impact must be provided. This directive bears no relation to the imminence or likelihood of mobilization but merely standardizes policy previously applied to several medical activities by individual notification.

2. Funds are not currently available and have not been requested through budgetary process for any procurement and distribution of materials to accomplish the retention of materials in excess of stock levels. However, compliance with this directive is considered feasible to a degree due to a continuing consolidation of medical activities with consequent reduction in workloads at several activities. At such activities retention of equipment not required for current operation and supplies in excess of authorized stock levels would materially assist the emergency expansion program without adding to the current cost of operating the Navy. Also this measure would avoid present practices of expensive redistribution and profitless sale of surpluses, especially at naval hospitals and the larger dispensaries.

3. Accordingly, quantities of BuMed material shall be retained by action addressees as follows:

a. Continental Naval Hospitals

(1) Supplies - In addition to operating stocks whose levels are set by BuMed Circular Letter No. 48-73, naval hospitals are directed to retain standard items of medical and dental supplies (that would otherwise be disposed of) in the category of "Emergency Expansion Reserves" in amounts not exceeding three months usage rate when operating at capacities listed in Enclosure (1). These capacities correspond approximately to the patient load that would be imposed by a Navy-wide sudden expansion or, in individual cases, by disasters.

(2) Equipment - In addition to items now in use or required to support current workload, naval hospitals similarly shall retain standard equipment in amounts not exceeding those needed to operate at the capacities listed in Enclosure (1).

b. Continental Shore Stations

(1) Supplies - Medical departments and dental departments of fully operational shore stations, except Naval Training Centers and Marine Corps Recruit Depots, are authorized and directed to retain, in excess of stock levels prescribed by BuMed Circular Letter No. 48-73, standard items of medical and dental supplies (that would otherwise be disposed of) in the category of "Emergency Expansion Reserves" in amounts not exceeding three months peacetime usage rate calculated upon current station personnel allowance, plus 100% additional personnel. Naval Training Centers and Marine Corps Recruit Depots similarly shall retain amounts not in excess of three months usage for total personnel strength at M / 3 months, as set forth in current logistic plans.

(2) Equipment - Medical departments and dental departments of fully operational shore stations, except Naval Training Centers and Marine Corps Recruit Depots, shall retain equipment, additional to items on hand needed to support current personnel strength, in amounts not exceeding what would be needed to operate at twice the present personnel allowances. Naval Training Centers and Marine Corps Recruit Depots shall retain equipment not exceeding that required to operate at the personnel strength at M / 3 months as denoted in current logistic plans.

4. Specifically:

a. Consumable supplies shall not be retained in "Emergency Expansion Reserves" in amounts over and above a quantity which permits prudent rotation of supplies as determined by current rates of usages.

b. Additions to "Emergency Expansion Reserves" may be made at any interval when excesses in material over and above current operational needs and stocks levels are discovered.

c. Items shall not be included in "Emergency Expansion Reserves" if their storage and maintenance would entail an expenditure of funds not available in current operating allotments to the activity.

d. Only standard items as listed in the Army-Navy Catalog of Medical Materiel other than "Army only" items shall be retained in "Emergency Expansion Reserves." This excludes non-standard items, i.e. locally procured and manufactured.

e. Requisitions to augment quantities of "Emergency Expansion Reserves" material shall not be submitted as specific "Emergency Expansion Reserves" material requisitions, nor will quantities on normal replenishment requisitions be raised above quantities required for current operating stock levels.

5. "Emergency Expansion Reserves" supplies retained in accordance with the above shall not be used in the quantitative sense unless authorized as an emergency measure by BuMed. Physically, "Emergency Expansion Reserves" materials shall be stored with normal operating stocks and the whole shall be rotated under the concept that the oldest material will always be used first. Definite steps shall be taken to ensure that no reduction in size and composition of the "Emergency Expansion Reserves" occurs except to avoid deterioration. In contra-distinction to supplies, which are physically stored and rotated with operating stocks, retained equipment shall not be used and shall be maintained in excellent condition.

6. Activity stock records shall be adjusted to reflect the quantities and dollar values of "Emergency Expansion Reserves" material as a separate and distinct item from normal operating stock. Activity financial reports shall be annotated to reflect the value of "Emergency Expansion Reserves" material in summary form.

7. In order that the Bureau may be apprised of the overall Navy situation item-wise in regard to "Emergency Expansion Reserves", the following directions apply to all activities maintaining such material:

a. Upon establishment of the "Emergency Expansion Reserves", an initial report listing by stock numbers the items and numbers of units (omit values) shall be submitted to the Naval Medical Material Office, Pearl and Sands Street, Brooklyn 1, New York.

b. Annually thereafter on 31 March, reports covering the previous one-year period shall be submitted to the Naval Medical Material Office. The first of such reports will be adjusted to reflect the elapsed time from the preparation of the initial report which will, of course, be less than one year. In the event such period is less than six months, the 31 March report shall be omitted. The annual report shall indicate either of the two below situations:

(1) The stock of "Emergency Expansion Reserves" on hand is the same in quantity as that noted in the initial or preceding annual report.

(2) The stock on hand differs in quantity from that reported in initial or preceding annual report as follows: (Cite stock numbers of items and new quantities due to deletions, decreases, increases or additions).

8. One report of medical materials and one report of dental items shall be submitted for the initial report and annually thereafter. Negative reports are not required; e.g., activities having no material that could be set aside for "Emergency Expansion Reserves" shall not submit reports.

9. Documents, including surveys, reporting excesses shall contain a notation to the effect that the material listed has been considered and rejected for inclusion in "Emergency Expansion Reserves" of the activity concerned.

10. All materials retained under this directive will be known and referred to as materials contained in the "Emergency Expansion Reserves."--H. L. PUGH

Encl. 1 to C/L 49-52. EMERGENCY EXPANSION BED CAPACITIES OF CONT. U.S. NAVAL HOSPITALS

Naval Hospital	Patients (Bed)	Naval Hospital	Patients (Bed)	Naval Hospital	Patients (Bed)
Chelsea, Mass.----	1,540	Portsmouth, Va.----	2,035	Pensacola, Fla.----	935
Newport, R. I.----	1,100	Charleston, S.C.---	743	Great Lakes, Ill.-	2,750
Portsmouth, N.H.--	550	Parris Island, S.C.-	550	Corona, Calif.----	2,475
St. Albans, N.Y.--	2,585	(To be replaced by Beaufort)		San Diego, Calif.--	2,750
Philadelphia, Pa.--	2,200	Key West, Fla.-----	330	Long Beach, Calif.-	1,980
Annapolis, Md.----	203	Jacksonville, Fla.--	1,100	Oceanside, Calif.-	1,320
Bethesda, Md.-----	1,650	Corpus Christi, Tex.	770	Mare Island, Calif.	1,155
Quantico, Va.-----	302	Memphis, Tenn.-----	1,650	Oakland, Calif.---	2,750
New River, N.C.---	1,265			Bremerton, Wash.---	715

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BuMed Circular Letter No. 49-53

29 April 1949

To: All Ships and Stations

Subj: Ration Record, NavMed HF-36.

Ref: (a) BuMed C/L No. 44-91.
(b) Instruction Memorandum 12-1 (Advance Notice of Change 12), Vol. 1, BuSandA Manual, Change dated 24 March 1949.

1. In view of the instructions contained in reference (b), the following modification shall be made in reference (a):

In the paragraph headed "Line 59- Dependents", delete the fourth sentence which reads, "Reference: BuSandA ltr L10-5(1)NH(AB), dated 7 April 1943."--C. A. SWANSON

BuMed Circular Letter No. 49-54

29 April 1949

To: Medical Officers in Command, All Naval Hospitals

Subj: Appointment of Collection Agents, in lieu of Agent Cashiers, at Naval Hospitals.

Refs: (a) BuMed Circ. Ltr. No. 44-91.
(b) BuMed Circ. Ltr. No. 45-78.
(c) BuMed Circ. Ltr. No. 46-84.
(d) BuMed Circ. Ltr. No. 47-80.
(e) Instruction Memorandum 12-1 (Advance Notice of Change 12), Vol. 1, BuSandA Manual, dated 24 March 1949.

1. The detailed instructions contained in Pars. 17220 and 17221 of ref (e), state in part, that collection agents may be assigned to duty in connection with the collection of money for the following items and to similar or related duties when the direct responsibility for the operation of the facility is that of an officer other than a disbursing officer:

- (1) Sale of meals by naval hospital messes;
- (2) Hospitalization fees or charges for dependents at naval hospitals.

2. Therefore, immediately upon receipt of this letter, medical officers in command of naval hospitals shall instruct disbursing officers to revoke the appointment of agent cashiers, if this action has not already been taken. The medical officer in command shall then designate an officer, enlisted man, or a civilian, attached to the hospital staff, to perform the prescribed duties relating to the collection of official or quasi-official funds under the general supervision of and as prescribed by the medical officer in command, subject to the instructions outlined in ref (e).

3. All instructions referring to BuSandA ltr. L10-5(1)/NH(AB), dated 7 April 1943, which are contained in ref (a) to (d), are hereby canceled.--H. L. PUGH

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BuMed Circular Letter No. 49-55

3 May 1949

To: All Ships and Stations

Subj: Defective Medical and Dental Materials; Reporting of.

Ref: (a) BuMed Circ. Ltr. No. 48-109.

1. Reference (a) is hereby canceled and superseded.
2. A standard policy is hereby promulgated for reporting defective medical and dental material, listed in the Army-Navy Catalog of Medical Materiel, which is considered unsuitable or dangerous for use.
3. When any stock item is suspected of being injurious, defective, deteriorated, or otherwise unfit for use because of inherent characteristics, improper manufacture, or faulty or inadequate specifications, the activity holding such material, including naval medical supply depots and storehouses, shall submit a report by letter (original and 4 copies) to Materiel Division, Bureau of Medicine and Surgery, 84 Sands Street, Brooklyn 1, New York, giving the following information:
 - (a) Item stock number and title.
 - (b) Document material was received on.
 - (c) Date of receipt and source of supply.
 - (d) Amount of stock apparently involved.
 - (e) Lot number, when applicable.
 - (f) Control number, when applicable.
 - (g) Manufacturer's and/or contractor's name.
 - (h) Statement as to the condition of other brands, other lot numbers, or other control numbers of the same item, if applicable.
 - (i) Condition under which item has been stored locally which may have adversely affected it.
 - (j) If the item is a drug or biological which has caused an untoward reaction upon administration, a description of the reaction shall be included.
 - (k) Statement, setting forth in detail the specific defects necessitating the report.
4. A sample or samples as appropriate of the defective material shall, if available, accompany the report to Materiel Division, Bureau of Medicine and Surgery, Brooklyn 1, New York. If the item is a drug which is suspected of producing an untoward reaction, the offending unit, bottle, package, or box should be included in the shipment and so identified. All stock under suspicion shall be suspended from use until final determination as to suitability for use is made. If material in question is non-expendable, paragraph 3 above shall be complied with, and samples held pending instructions for submitting, from Materiel Division, BuMed. If material in question is expendable, the sample shall be expended as follows:
 - (a) Medical Supply Depots and Storehouses - expend from books for BuMed testing.
 - (b) Other activities - expend from books.
5. In the case of heavy equipment where the submission of samples is obviously impracticable, the statement required by paragraph 3(k) above should include recommendations as to parts that could be replaced to return the equipment to a usable condition. Where available, medical or dental repair personnel should be consulted in preparing this part of report.
6. Upon receipt of such information, together with samples of defective material in applicable cases, the Materiel Division, Bureau of Medicine and Surgery, will take necessary steps to have laboratory examinations performed.
7. Following receipt of the results of the laboratory examinations of samples submitted or when corrective measures are determined, the holding activity will be advised by Materiel Division, Bureau of Medicine and Surgery, as to the disposition to be made of the material or the corrective measures indicated.--H. L. PUGH

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BuMed Circular Letter No. 49-56

3 May 1949

To: Comdts, NDs and RivComs and MedOfsCom NavHosps; Continental U. S.

Subj: Separation of Women's Reserve and Nurse Corps Personnel During the Post-demobilization Period; Cancellation of Joint Letter Concerning.

Ref: (a) Joint Letter, Pers-912-mmC Pl9-4, BuMed A18-1/EN BuMed C/L No. 46-104.
(b) BuPers Circ. Ltr. 6-49; N. D. Bul. of 15 Jan 1949, 49-29.1. Reference (a) is hereby canceled in view of the provisions of reference (b).
BUMED--C. A. SWANSON BUPERS--T. L. SPRAGUE

BuMed Circular Letter No. 49-57

4 May 1949

To: Medical Officers in Command, All Naval Hospitals

Subj: Cross Index for Clinical Records

Refs: (a) Joint Armed Forces Statistical Classification and Basic Diagnostic Nomenclature, NavMed P-1294.
(b) BuMed C/L No. 49-41.
(c) Cross Index System for Clinical Records, NavMed P-1193, revised 2-49.

1. Reference (a) provides for the use of reference (a) for recording and reporting diagnoses and surgical operations on and after 1 June 1949. The use of the new terms will require certain adjustments in the cross index system for the clinical records. NavMed P-1193 has been revised (ref. (c)) to reflect the terms of the Joint Armed Forces Nomenclature, and is being distributed to all hospitals. While no basic change has been made in the method of maintaining the cross index system, it is believed that the following instructions will facilitate the work of the medical records librarian during the period of transition from the old to the new nomenclature.

2. It is essential that continuity be maintained in the cross index files so that cases of a given clinical entity will be accessible regardless of the change in nomenclature. Therefore a new file shall not be initiated for the titles of the new nomenclature, but the new titles shall be merged into the existing file. For example, catarrhal fever, acute, No. 801 in the old nomenclature, appears as common cold, No. 4100 in the new. Assume that 10 index cards (NavMed 1178) for the diagnosis, catarrhal fever, have already been filled and that card No. 11 is in use when the transition in nomenclature takes place. The new diagnosis and number shall be added in ink on the diagnosis line of the 11 cards, without obscuring the old diagnosis and number. Subsequent diagnoses of either catarrhal fever or common cold shall be indexed on card No. 11. When card No. 12 is needed, it shall show only "4100 common cold"; but if a belated case of catarrhal fever appears it shall be indexed on this card.

3. In order to prepare the cross index file for the transition to the new nomenclature, it will be necessary for the librarian to determine the appropriate title and number in the new nomenclature for each diagnosis and surgical operation presently in the file. In the Alphabetic Index Diagnostic Titles (section IV of ref. (a)) are listed the diagnoses of the old Navy Nomenclature as well as those included in the new. Reference to the Alphabetic Index will readily show the equivalent title and diagnosis number for the great majority of the old nomenclature titles. Reference to the Classified List (section II of ref. (a)) will help to clarify questionable titles.

4. In rare instances a single old title may have become two titles in the new list, as, for example, Navy Nomenclature number "113, Jaundice, Hemolytic. State whether acquired or familial", which appears in the Armed Forces Nomenclature under two separate titles as "2920, Icterus, hemolytic congenital" and "2922, Icterus, hemolytic, acquired". In this example the written note on the index card for 113, Jaundice, hemolytic, will indicate which cases are acquired and which are congenital, which will allow the transfer of entries onto the appropriate index card under the new title. In instances where written notes are insufficient to permit the transfer of entries to index cards under the two new titles, the old cards may be filed following one of the cards bearing the pertinent new titles, and this fact referenced on the other new card.

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5. Among the mental disorders (old class XV, new class V) there were several titles in the Navy Nomenclature which do not have a counterpart in the Armed Forces Nomenclature. Old index cards for such diagnoses should be marked for the appropriate section of the new class V (psychotic disorders, V(A), psychoneurotic disorders, V(C), etc.) without undertaking to ascribe an equivalent diagnosis number from the new nomenclature.

6. Some diagnoses indexed under "xy" in the Navy Nomenclature may be found among the numbered titles of the Armed Forces Nomenclature and should be so numbered. Index cards for other "xy" diagnoses, as well as any residual index cards for which no corresponding diagnosis or number is found in the Armed Forces Nomenclature should be marked as "xy" diagnoses in the appropriate classes of the new nomenclature.

7. Similar procedures are applicable to the surgical operations portion of the cross index file. An alphabetic index to the list of surgical operations is contained in section VI of reference (a), and includes the titles shown in the Navy Nomenclature. It will be noted that the classified list of surgical operations (section V of reference (a)) rather closely parallels the classification of operations published in NavMed 1193 (6-47) and now in use in naval hospitals. Therefore little difficulty should be experienced in converting this portion of the cross index to the Armed Forces Nomenclature.

8. The new nomenclature becomes effective for diagnoses established on and after 1 June 1949. On or shortly after that date the cross index file shall be rearranged in accordance with "Titles by Diagnostic Classes" of the Armed Forces Nomenclature (section II of reference (a)), and "Surgical Operations - Classified List" (section V of reference (a)). The new class heading cards (figure 2 of ref. (c)) shall be inserted at this time. The rearrangement of the index cards will be facilitated in proportion to the completeness with which the preliminaries outlined above have been accomplished. If all index cards are marked in advance with their new numbers and titles, the transition should be made without interrupting the continuity of the cross index. Since the rearrangement will be accomplished about 1 June, the medical records librarian's quarterly summary report for the quarter ending 30 June 1949 will thus reflect the terms of the Armed Forces Nomenclature.

9. As a manifestation of the Bureau's continued interest in developing this phase of naval hospital administration, it is contemplated that a representative of the Bureau will soon visit certain of the hospitals to review the operation of the cross index system for clinical records.--C. A. SWANSON

BuMed Circular Letter No. 49-58

5 May 1949

To: MedOfsCom., U. S. Naval Hospitals, U. S. Naval Medical Supply Depots, National Naval Medical Center, Bethesda, Md.

Subj: Efficiency Rating Boards of Review.

Refs: (a) CPL&D 49-16, dated 24 Feb 1949.
(b) NCPI 56.
(c) Chapter E1 Federal Personnel Manual.

Encl: 1. (HW) Suggested article.

1. Under the provisions of reference (a), Medical Department Activities employing over 100 civilian employees are required to establish Efficiency Rating Boards of Review. References (b) and (c) provide instructions for organizing and establishing these boards.

2. Heretofore, employees who were not satisfied with their shop efficiency rating, or with the decision of the Central Review Board, could appeal such ratings to the Navy Department. After the establishment of subject boards in the field service, the jurisdiction of the Navy Department Shop Efficiency Rating Appeal Board ceases.

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3. Members and representatives of subject board shall be advised of their duties and responsibilities in the operation of Efficiency Rating Boards of Review. In this connection enclosure 1 is forwarded as a suggested article in informing members and representatives of who-does-what on field Boards of Review.--C. A. SWANSON

Enclosure 1 to C/L No. 49-58

SUGGESTED ARTICLE TO MEMBERS AND REPRESENTATIVES
OF EFFICIENCY RATING BOARDS OF REVIEW

As a member (or representative) of the Efficiency Rating Board of Review, you are expected to know who-does-what in connection with the operation of this board. The policies of the Navy Department as to the duties and responsibilities of board members and representatives are outlined herein as a matter of information.

Duties of Board Members

The Chairman, the Employee Member and the Management Member constitute an autonomous board whose responsibility is to decide shop efficiency rating appeals as fairly and as accurately as possible.

(a) The Chairman of the board is an employee of the Civil Service Commission. He has been given specialized training in his duties by the Commission.

(b) The Employee Member is, of course, elected by employees coming under the jurisdiction of the board he serves. The employee member should not consider himself pro-employee. His responsibility is to the board. His duty is to hear and decide appeals solely according to their merit in a fair and impartial manner.

(c) The Management Member is appointed by the medical officer in command. Like the employee member his responsibility is to the board, and like the employee member, his duty is to decide appeals in a fair and impartial manner, solely on the merits of the appeal. The Management Member should not consider himself pro-management.

The Chairman, Employee Member, and Management Member, have a single mission to achieve together. That mission is to arrive at a correct efficiency rating for the appellant.

Duties of Board Representatives

(a) The Management Representative is appointed by the medical officer in command from among the employees of the civilian personnel section. His responsibility is to the board, to the appellant and to management. His duty is to see that all information and evidence necessary to a correct decision is laid before the board. He should assist the rater, reviewer and other parties to the appealed rating in presenting information as to the basis of the rating. Under no circumstances should he be considered the "prosecuting attorney."

(b) The Employee Representative may be anyone chosen by the appellant to assist him in preparing and presenting his appeal. His responsibility is to the appellant and his duty is to assist the appellant in all possible ways consistent with the commonly accepted rules of good deportment.

Neither the Management Representative nor the Employee Representative are members of the board and neither may participate in the voting that decides the appeal. Both Representatives as well as other parties to the appeal, should work to assist the board in accomplishing its mission in a direct, straight-forward manner.

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BuMed Circular Letter No. 49-59

5 May 1949

To: Distribution List attached

Subj: Programs for Hospitalization of the Armed Forces and Improvement in the Utilization of Existing Hospital Facilities - Implementation of.

Refs: (a) Secretary of Defense Memorandum to the Secretary of the Army, Secretary of the Navy, and the Secretary of the Air Force, dated 21 Feb 1949, re the subject designated report.
(b) CNO ltr Op-403F-ler, P3-2, Serial 194P40 dated 28 March 1949.
(c) The Report of the Committee on Medical and Hospital Services of the Armed Forces on Programs for Hospitalization in the Armed Forces dated 7 Jan 1949

1. Reference (b) authorizes the Chief of the Bureau of Medicine and Surgery to initiate and coordinate such action as may be required to effect implementation of those recommendations contained in reference (c) as approved by reference (a), applicable to naval dispensaries. In part, these recommendations include the placing of certain naval dispensaries in the category of "Army type dispensaries".

2. The term "Army type dispensaries" connotes that "no hospitalization or definitive in-patient care will be attempted" in such dispensaries. This Bureau is of the opinion that these facilities should afford the equivalent of the care and attention a patient receives on board a naval vessel in the average sick bay.

3. It is specifically to be understood that in providing this arrangement, in every instance the individual welfare of the patient will be the primary concern; and secondarily, a rapid return to active duty status will be the goal. The highest standard of medical care that can be sustained with available personnel and materiel is mandatory.

4. This Bureau considers that the dispensary ward spaces which are not required for the care of emergency cases, patients under observation and those having minor, brief illnesses and injuries, should be kept in "inactive status". These facilities are a part of the Medical Department's "reserve fleet" and should be available for rapid expansion and reactivation in case of mobilization or national emergency.

5. The navy dispensary with the exception of NAS Grosse Ile, NAS Olathe, Kansas and NAD Hastings, Nebraska, of addressed activities, will be reduced in function to correspond to that of an Army type dispensary as of 1 June 1949, and all hospitalization (in-patient treatment and care) of patients from your activity shall be performed in the facility indicated in the attached distribution list.

6. The district medical officer or staff medical officer as appropriate, should be consulted in regard to implementing this authorized change of status.--C. A. SWANSON

DISTRIBUTION LIST

Addressees

RecSta, Boston Mass.

NAS, Floyd Bennett Field, Brooklyn, N. Y.

RecSta, Brooklyn, N. Y.

NAD, Earle, N. J.

NAS, Lakehurst, N. J.

NAS, Willow Grove, Penna.

*NSD, Mechanicsburg, Penna.

Hospitalization
To Be Performed At

Chelsea Naval Hospital, Chelsea
(Boston), Mass.

Naval Hospital, St. Albans, N. Y.

Naval Hospital, St. Albans, N. Y.

Station Hospital (Army) Fort
Monmouth, N. J.

Station Hospital, Fort Dix, N. J.

Naval Hospital, Philadelphia, Pa.

Station Hospital (Army), Carlisle
Barracks, Penna.

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DISTRIBUTION LIST (CON'T)

<u>Addressees</u>	<u>Hospitalization To Be Performed At</u>
NavSta, Bainbridge, Md.	Station Hospital (Army), Aberdeen, Md.
MCAS, Camp Lejeune, New River, N.C.	Naval Hospital, Camp Lejeune, New River, N. C.
MCRD, Parris Island, S. C.	Naval Hospital, Parris Island (Beaufort), S. C.
NATTC, Memphis, Tenn.	Naval Hospital, Memphis, Tenn.
NAS, Atlanta, Ga.	Station Hospital (Army) Fort McPherson, Ga.
NAS, Jacksonville, Fla.	Naval Hospital, Jacksonville, Fla.
NAS, Pensacola, Fla.	Naval Hospital, Pensacola, Fla.
NAS, New Orleans, La.	Station Hospital (Army) New Orleans Port of Embarkation, New Orleans, La.
NAS, Dallas, Tex.	Station Hospital (Air Force), Carswell Air Force Base, Fort Worth, Tex.
NAS, Corpus Christi, Tex.	Naval Hospital, Corpus Christi, Tex.
NAS, St. Louis, Mo.	Station Hospital (Air Force), Scott Air Force Base, Ill.
MCRD, San Diego, Calif.	Naval Hospital, San Diego, Calif.
NAS, San Diego, Calif.	Naval Hospital, San Diego, Calif.
RecSta, San Diego, Calif.	Naval Hospital, San Diego, Calif.
PhibBase, Coronado, Calif.	Naval Hospital, San Diego, Calif.
NAS, Miramar, San Diego, Calif.	Naval Hospital, San Diego, Calif.
MCTC, Oceanside, Calif.	Naval Hospital, Santa Margarita Ranch Oceanside, Calif.
NAS, Los Alamitos, Calif.	Naval Hospital, Long Beach, Calif.
RecSta, San Pedro, Calif.	Naval Hospital, Long Beach, Calif.
NAS, Monterey, Calif.	Station Hospital (Army), Fort Ord, Calif.
Disp, Treasure Island, Calif.	Naval Hospital, Oakland, Calif.
Disp, Alameda, Calif.	Naval Hospital, Oakland, Calif.
**NSD, Clearfield, Utah	Station Hospital (Air Force) Hill Air Force Base, Ogden, Utah.
NAS, Grosse Ile, Mich. (General hospital type patients)	Percy Jones General Hospital, Battle Creek, Mich.
NAS, Olathe, Kansas (General hospital type patients)	Fitzsimons General Hospital, Denver, Colo.
NAD, Hastings, Nebr. (General hospital type patients)	Fitzsimons General Hospital, Denver, Colo.
NAS, San Juan, P.R.	Rodriguez General Hospital
NAS, Pearl Harbor, T.H.	Tripler General Hospital
NAS, Keehi Lagoon, Oahu, T. H.	Tripler General Hospital
NAD, Lualualei, Oahu, T. H.	Tripler General Hospital
NAS, Barbers Point, Oahu, T. H.	Tripler General Hospital
NAS, Kaneohe Bay, Oahu, T. H.	Tripler General Hospital

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DISTRIBUTION LIST (CON'T)

Addressees

Disp, Kwajalein, Marshall Islands

Hospitalization
To Be Performed At

Disp, Kwajalein will give in-patient care to all military personnel who do not require evacuation.

* Hospitalization of general hospital type patients from the Naval Supply Depot, Mechanicsburg, Pennsylvania, be accomplished in the Valley Forge General Hospital, Phoenixville, Pennsylvania.

** Hospitalization of general hospital type patients from the Naval Supply Depot, Clearfield, Utah, be accomplished at the Fitzsimons General Hospital, Denver, Colorado.

BuMed Circular Letter No. 49-60

11 May 1949

To: All Navy and Marine Corps Separation Activities

Subj: Separation from the Naval Service of Personnel Having a Venereal Disease, procedure for.

Refs: (a) BuPers C/L 6-49 dtd 13 Jan 1949.
(b) Par. 12B6, 3329, 16A8, and 339.2, MMD.

1. The general policies expressed in Ref. (b) are interpreted in the case of venereal disease to mean that no person with venereal disease in a communicable state shall be released from the naval service until the individual has been rendered non-infectious and not a menace to the public health. The following policies shall be strictly adhered to:

(a) A presumptive and/or standard serologic test for syphilis shall be made on all persons about to be discharged or released from active duty. This test must be made within seven days of the expiration of enlistment or date of discharge and the results recorded in the Medical History Sheet.

(b) Personnel, who on physical examination have signs, symptoms or findings of a venereal disease in an infectious state, should be retained in service and transferred to a naval hospital for further diagnostic study and treatment, if necessary.

(c) All Health Records shall be thoroughly checked and those containing an entry indicating that the individual has or has had a venereal disease, or that the blood test made just prior to separation is reported as positive or doubtful, shall be reviewed by a medical officer and the individual grouped in one of the following categories and handled accordingly:

CATEGORY A: Includes all personnel who have a history of venereal infection with adequate follow-up examinations, including spinal fluid examinations and blood determination in syphilis cases.

NOTE: (1) Syphilis cases should have spinal fluid examination six months post treatment.

(2) Blood tests should also be performed on gonorrhea cases at least six months after treatment in order to determine if this disease masked an undetected case of syphilis.

Procedure: These individuals shall be personally interviewed and given both verbal and printed advice (NavMed-911) relative to their status and previous treatment. The Separation Epidemiologic Report is not required in these cases.

CATEGORY B: Includes all personnel who have a history of venereal infection within a time period, and personnel with a clinical course or with incomplete treatment who require further follow-up examinations or treatment before reasonable assurance of cure can be given. (Includes syphilis treated within one year of separation and gonorrhea treated with penicillin within six months of separation.)

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Procedure: (a) These individuals shall be personally interviewed and given both verbal and printed advice (NavMed-912) relative to their status and previous treatment.

(b) Instruct the individual to report to his private physician, to a Rapid Treatment Center, Veterans Administration Representative, or to a Venereal Disease Clinic near his place of residence for follow-up examinations.

(c) Complete the Separation Epidemiologic Report.

CATEGORY C: Includes all personnel who have a positive or doubtful separation blood test but no history of venereal infection and whose physical examination reveals no clinical signs or symptoms of venereal disease.

Procedure: (a) These individuals shall be personally interviewed and given both verbal and printed advice (NavMed-913) relative to their status. They should be given either the privilege of receiving hospitalization and treatment or separation from the service. They should be informed, however, that if complications develop and they have not received treatment while in service, it is probable they will be declared ineligible for benefits of service-connected disability.

(b) If treatment in the service is elected, transfer to a naval hospital for diagnostic study. If indicated, treatment in the hospital should consist of a standard course of therapy. An individual need not be held for follow-up examinations but should be instructed to consult his private physician or report to a Rapid Treatment Center, Veterans Administration Representative, or Venereal Disease Clinic near his place of residence. Upon discharge from the hospital, handle as in Category B.

(c) If treatment in the service is not elected, an individual should be referred to his private physician, to a Rapid Treatment Center, Veterans Administration Representative, or to a Venereal Disease Clinic for treatment and follow-up examinations.

(d) Complete the Separation Epidemiologic Report. A notation of any pertinent information (recent malaria, smallpox vaccination, infectious mononucleosis, etc.) contained in the Health Record that might explain the serological reaction should be placed under "Remarks" on this form.

2. The Separation Epidemiologic Report shall be completed in quadruplicate on individuals falling within Categories B and C and shall be forwarded as follows: Original copy to BuMed; second copy to the Veterans Administration, Dermatology and Syphilology Section, Room 3608, Munitions Bldg., Washington 25, D. C.; third copy to the State Health Department of the state to which the individual goes after separation; and fourth copy to the individual. NavMed-911, 912, and 913 as appropriate, shall be given to individuals in each of the above categories. These forms should be carefully explained to the patient and should be read over with the patient to insure that he understands the contents.

3. Excepted from the provisions of paragraph 1, subparagraphs (b) and (c) are all persons who are to be immediately reenlisted and have a positive or doubtful serologic test. Such persons may be reenlisted and transferred to a naval hospital for further study and treatment, if necessary.

4. When referring patients to civilian health agencies, reference should be made to the latest Directory of Venereal Disease Clinics as published by the U. S. Public Health Service.

5. Consultation and assistance in implementing the above procedures will be available from District Venereal Disease Control Officers upon request to the District Medical Officer or River Command Senior Medical Officer.

6. Separation Epidemiologic Reports (FSA USPHS Form PHS-691(VD) Rev. 2-48) (old No. 9576B), Forms NavMed-911, 912, 913, and the Directory of Venereal Disease Clinics, may be obtained by request to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C.

7. These instructions will be incorporated in future changes in the Manual of the Medical Department.--C. J. BROWN

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BuMed Circular Letter No. 49-61

23 May 1949

Subj: Certificate of Death, NavMed-N (Revised 1-1-49).

Not reprinted herein as individual copies have been sent to all holders of the Manual of the Medical Department. The letter advises that the revised NavMed-N is being distributed, and contains instructions and interpretations regarding certain specific items. This letter should be retained until appropriate revisions to the Manual of the Medical Department are received.

BuMed Circular Letter No. 49-62

26 May 1949

Subj: Ambulance Inventories, Reduction of.

This letter which was addressed to all continental stations, will have served its purpose upon receipt in BuMed of requested data.

BuMed Circular Letter No. 49-63

27 May 1949

To: All Ships and Stations

Subj: Navy Ophthalmic Program.

Refs: (a) BuMed C/L No. 43-154.
(b) BuMed C/L No. 45-180.
(c) BuMed C/L No. 48-12.

1. This letter supersedes references (a), (b), and (c) which are hereby canceled. The Navy Ophthalmic Program outlined below will become effective as of 1 July 1949.
2. Personnel of the Navy and Marine Corps, on active duty, will be provided with new spectacles when required, or with lenses and/or frames as replacements for damage or loss in the performance of duty. This program is entirely at government expense.
3. Applicants for spectacles or ophthalmic repair service should apply, in person, when practicable, at a designated Spectacle Dispensing Unit or Ophthalmic Service Unit, either with a prescription for correction of lenses or a request (NavMed-57) for refraction or repair service, signed by a naval medical officer or naval Medical Service Corps (Optometry) officer, except as provided in paragraphs 11 and 12.
4. The naval medical officer or Medical Service Corps (Optometry) officer signing the prescription or the request for repair or replacement service must determine the need for the spectacles or service on the basis of the applicant's use of them in the performance of his or her official duties. Refractionists will not prescribe lenses in one-eighth (1/8th) diopter variance but will prescribe in the nearest one-quarter (1/4th) diopter. Two pairs of spectacles may be issued in any case where it is considered necessary, at the discretion of the refractionist.
5. In the case of each patient, the result of the examination shall be entered in the health record on NavMed-H-3a (Special Duty Abstract), under "Refractions." The prescription for spectacles, with additional data concerning frame measurements, shall be entered in detail on NavMed-H-8 (Medical History Sheet). In case the applicant is found to be not in need of spectacles as a result of the examination, an entry to this effect shall be made on NavMed-H-8 sheet and signed by the examiner.
6. Types of spectacles shall be issued as follows:
 - (a) Single vision, white lenses, Full-vue or perimetric shape, 1/10, 12 K. pink or yellow gold frame, to prescription as ordered by the examiner.
 - (b) Bifocals, white lenses, Full-vue or perimetric shape, in 1/10, 12 K. pink or gold filled frame, to prescription as ordered by the refractionist.
 - (c) Single vision, white lenses, Full-vue or perimetric shape, in pink zylonite or similar plastic frame, as ordered by the refractionist.

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(d) Bifocals, white lenses, Ful-vue or perimetric shape, in pink zylonite or similar plastic frame, as ordered by the refractionist.

(e) Rimless glasses will not be carried as an issue item. Rules governing the repair or replacement of rimless spectacles will be found in the technical instructions and operational guides prepared for the Units by the Bureau.

7. Repairs and replacements will be made only from materials prescribed in the Army-Navy Catalog of Medical Materiel and shall meet the specifications outlined in paragraph six.

8. New glasses, repairs and replacements, will be effected by ophthalmic and spectacle facilities as follows:

- (a) Through the medium of Spectacle Dispensing Units.
- (b) Through the medium of Ophthalmic Service Units.
- (c) Through the medium of Ophthalmic Lens Laboratories.

1. When personnel requiring service present a properly signed request for repairs or replacements, or a prescription, at one of the designated Spectacle Dispensing Units, personnel of the Units will take facial measurements, prepare an order form (NavMed-556), listing all the information necessary as to the type of ophthalmic services needed, and forward it to the designated Ophthalmic Service Unit or Ophthalmic Lens Laboratory. Spectacles will be returned to the Dispensing Unit and delivery of the spectacles will be made by the Dispensing Unit.

2. Upon receipt of a properly signed request for repairs or replacements, or a prescription, at one of the designated Ophthalmic Service Units, single vision spectacles shall be fabricated by the Unit within 48 hours and delivered to the activity or individual concerned. If bifocals are required, the Ophthalmic Service Units will forward an order form (NavMed-556) to a designated Ophthalmic Lens Laboratory, where the spectacles will be fabricated and returned to the Unit, and delivery of the spectacles will be made by the Unit.

3. All types of spectacles other than standard single vision prescriptions, shall be ordered by the Spectacle Dispensing Units and Ophthalmic Service Units direct from the designated or nearest Ophthalmic Lens Laboratory in the continental United States, and when fabricated by the laboratory the spectacles will be returned to the Unit for delivery to the individual concerned.

9. Naval and Marine Corps organizations located where service through one of the facilities mentioned above is not available may request service by mail from the nearest Ophthalmic Lens Laboratory, such request being made through the Bureau (Professional Division).

10. Personnel from visiting ships in port shall be permitted to obtain ophthalmic service from the designated hospital or dispensary nearest the port visited, but personnel must present a properly signed request or prescription.

11. When on duty where eye refraction by a naval medical officer or Medical Service Corps (Optometry) officer cannot be obtained, a refraction by a qualified medical or Medical Service Corps (Optometry) officer of the Army or an officer of the Public Health Service should be obtained if practical. Request for this refraction should be signed by a naval medical officer and the procedure for obtaining spectacles shall be forwarded as provided in paragraph 12.

12. Personnel in independent duty who are unable to avail themselves of Army, Navy, or Public Health Service refraction facilities, should request authority for refraction by a civilian ophthalmologist or optometrist from the Bureau of Medicine and Surgery via official channels, stating the need and giving the estimated cost of the refraction. If approved, the prescription and the proper spectacle dimensions, measured by the civilian examiner, together with the Bureau's authorization, shall be sent by the civilian examiner to the Navy Ophthalmic Lens Laboratory designated in the authorization. The Navy Ophthalmic Lens Laboratory will fabricate the glasses according to the regular procedure and will return them to the civilian examiner who will be responsible for properly checking and fitting the spectacles. The bill, in duplicate, covering the cost of refraction services will be submitted to the Bureau by the civilian examiner, bearing the following certificate of acknowledgement: "Certified correct and just; payment

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not received" (signed by the person rendering the service); "Receipt of refracting service is acknowledged" (signed by the person receiving the services).

13. The Mission of Spectacle Dispensing Units: The mission of Spectacle Dispensing Units shall be:

- (a) To provide emergency repair and adjustment services for naval and Marine Corps personnel on active duty.
- (b) To take all necessary data for the fabrication of spectacles, forward same to the designated Ophthalmic Service Unit or Ophthalmic Lens Laboratory, check same upon return, and adjust spectacles to individual concerned.
- (c) No charge will be made for lenses or frames or service furnished naval or Marine personnel by these Units.
- (d) To order and effect delivery of all types of spectacles as outlined in paragraph six.
- (e) To keep accurate record of prescriptions filled and repairs made as the case may be.
- (f) Spectacle Dispensing Units shall be under the supervision of the Medical Service Corps (Optometry) officer of the Medical Department of the Navy if there be one present.
- (g) Spectacle Dispensing Units will not be prepared to deal with problems relating to precision optics, as in microscopes etc.
- (h) Each Unit is a component of the Medical Department and carries technical and professional personnel trained for the performance of duty in this type of Unit. Each unit will be assigned to a specific activity by the Bureau and will operate under the orders of the Senior Medical Officer of the activity, subject to the limitations expressed above and the technical instructions and operational guides prepared by the Bureau to accompany these Units.
- (i) Monthly reports (NavMed-1174) shall be prepared by each Unit and one copy forwarded to the Professional Division, Bureau of Medicine and Surgery, and one copy to the Naval Medical Supply Depot, Brooklyn, New York.

14. The Mission of Ophthalmic Service Units: The mission of Ophthalmic Service Units shall be:

- (a) To provide emergency spectacle refraction and repair service without charge to naval personnel in various areas not accessible to dispensing facilities.
- (b) To initially supply urgently needed single vision corrective spectacles to naval personnel under like circumstances.
- (c) To order and effect delivery of all other types of spectacles as outlined in paragraph six.
- (d) To control the ordering and maintain prescriptions signed by Medical Department officers for spectacles and/or repairs as the case may be.
- (e) No charge will be made for lenses or frames or services furnished naval or Marine personnel by these Units.
- (f) Ophthalmic Service Units shall be under the supervision of the Medical Service Corps (Optometry) officer of the Medical Department of the Navy, who will be directly responsible to the commanding officer for the proper function of the Unit.
- (g) Each Ophthalmic Service Unit shall operate as an integral part of the supply system, and shall function as a special servicing activity, devoting its full time and operation to the production of prescriptions for Spectacle Dispensing and Ophthalmic Service Units.
- (h) Ophthalmic Service Units will not be prepared to deal with problems relating to precision optics, as in fire control apparatus, or photographic equipment, etc.
- (i) Each Unit is a component of the Medical Department and carries technical and professional personnel specially trained for the performance of duty in this type of Unit. Each Unit will be assigned to a specific area by the Bureau and will operate under the orders of the commanding officer of the area in the same manner that Naval Base Hospitals and Naval Mobile Hospitals are operated, subject to the limitations expressed above and the technical instructions prepared by the Bureau to accompany each Unit.
- (j) Monthly reports (NavMed-1174) shall be prepared by each Unit and one copy forwarded to the Professional Division, Bureau of Medicine and Surgery, and one copy to the Naval Medical Supply Depot, Brooklyn, New York.

15. The Mission of the Ophthalmic Lens Laboratories: The mission of Ophthalmic Lens Laboratories shall be:

- (a) To supply spectacles to the various overseas areas through the Ophthalmic Service Units.
- (b) To supply bifocals to the Ophthalmic Service Units overseas and within the continental limits.
- (c) To supply spectacles to the Spectacle Dispensing Units within the United States.
- (d) To provide spectacles to naval and Marine Corps personnel not accessible to Spectacle Dispensing or Ophthalmic Service Units.
- (e) Each Ophthalmic Lens Laboratory will be located at a Medical Supply Depot and will be under the direct supervision of the Commanding Officer of the Depot. A Medical Service Corps (Optometry) officer shall be the Officer-in-Charge of these Units. It shall be manned by specially trained and selected Hospitalmen who shall have a thorough knowledge of optical processing.
- (f) Each Ophthalmic Lens Laboratory shall operate as an integral part of the supply system, and shall function as a special servicing activity, devoting its full time and operation to the production of prescriptions for Spectacle Dispensing and Ophthalmic Service Units.
- (g) The Ophthalmic Lens Laboratory shall not repair instruments such as microscopes, telescopes, etc., and in no instance, fabricate or deliver spectacles directly to an individual, these services being accomplished on Spectacle Order Form, (NavMed 556), via mail.
- (h) Technical instructions and operational guides shall be prepared for these laboratories by the Bureau.
- (i) Monthly reports (NavMed-1174) shall be prepared by each Unit and one copy forwarded to the Professional Division, Bureau of Medicine and Surgery, and one copy to the Naval Medical Supply Depot, Brooklyn, New York.

16. Expendible items of ophthalmic supplies (Class 14, Army-Navy Catalog of Medical Materiel) shall be expended from the Supplies Ledger of the activity immediately upon receipt from Medical Supply Depots. Thereafter such supplies shall be accounted for on NavMed-1174 by personnel of the Ophthalmic Service Units or Ophthalmic Lens Laboratory as provided in paragraph 15.

17. Air-mail will be utilized wherever practicable; funds for this purpose may be procured "For transportation of things Navy". (BuSandA Manual 56340.)

18. Following is a list of the ophthalmic and spectacle facilities:

SPECTACLE DISPENSING UNITS WITHIN UNITED STATES

USNH, Chelsea, Mass.	USMCAS, Cherry Point, N.C.	USNH, Long Beach, Calif.
USNH, Newport, R. I.	USNAS, Atlanta, Ga.	USNH, Corona, Calif.
USNH, Portsmouth, N. H.	USNH, Charleston, S.C.	USNH, Mare Island, Calif.
USNAS, Quonset Point, R. I.	(Naval Base)	USNAS, San Diego, Calif.
USNH, St. Albans, Long Island, N. Y.	USNH, Jacksonville, Fla.	USNH, Oakland, Calif.
USNH, Philadelphia, Pa.	USNH, Key West, Fla.	USNAVSTA, Treasure Island, Calif. (Corrected from original printing.)
USNH, Annapolis, Md.	USNH, Pensacola, Fla.	NAVSTA, Tongue Point, Ore.
USNH, Bethesda, Md.	USNH, Corpus Christi, Tex.	USNH, Bremerton, Wash.
USNAS, Patuxent River, Md.	USNH, Memphis, Tenn.	USNH, Beaufort, S. C.
USNH, Camp LeJeune, N. C.	USNH, Great Lakes, Ill.	USNH, Quantico, Va.
USNH, Portsmouth, Va.	USNH, Santa Margarita Ranch, Oceanside, Calif.	

SPECTACLE DISPENSING UNITS OUTSIDE CONTINENTAL LIMITS UNITED STATES

USNH, Guantanamo Bay, Cuba

OPHTHALMIC SERVICE UNITS WITHIN UNITED STATES

USN Dispensary, Washington, D. C.	USNH, San Diego, Calif.
USNAS, Norfolk, Va.	USNTPC, Great Lakes, Ill.

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OPHTHALMIC SERVICE UNITS OUTSIDE CONTINENTAL LIMITS UNITED STATES

Pearl Harbor, Navy #128, G20-102
USS CONSOLATION (AH-15)
USS REPOSE (AH-16)
Coco Solo, Canal Zone, Navy #720 Mob #1

Adak, Alaska, Navy #230 Mob #9
Cavite, P. I., Navy #961, G20-101
Guam, M. I., Navy #926, G20-103
Yokosuka, Japan, Navy 3923

OPHTHALMIC LENS LABORATORIES WITHIN UNITED STATES

USNMSD, Brooklyn, New York

USNMSD, Oakland, California

--C. A. SWANSON

JOINT LETTER - BUPERS--BUMED--MARCORPS

BuMed Circular Letter No. 49-64

1 June 1949

To: MOinCs, NavHosps within Continental U. S.; Commanders, All Naval Training Centers; COs, All MarCorps Activities, Continental U. S.

Subj: Authority to Take Final Action on Certain Reports of Medical Survey in Cases of Male enlisted or inducted personnel, Modification of.

Ref: (a) Joint Ltr. Pers-66-JMS, P3-5; BuMed-3352-FGS-keh, P3-5 (C/L 48-128); MarCorps-DGK-356-mla, 1500-120; dated 22 November 1948.

1. Reference (a) is hereby modified as indicated below.

(a) Ref (g) - delete "dtd 2".

(b) Paragraph 7(b) and (c) - delete and substitute the following:

"(b) Commanders, All Naval Training Centers are authorized to take final action locally, only in the cases of Navy personnel (USN, USNEV, USNR and inducted), when discharge from service is recommended.

(c) Commanding Officers, All Marine Corps Activities, Continental U. S., are authorized to take final action locally only in the cases of Marine Corps personnel (USMC-V, USMCR and inducted), when discharge from service is recommended.

(d) Medical Officers in Command, U. S. Naval Hospitals within the continental U. S. are authorized to take final action locally in the cases of both Navy and Marine Corps personnel except when the discharge from service of Marine Corps personnel is involved (see paragraph 10, below)."

(c) Paragraph 8(1) - delete and substitute the following:

"8(1) Those involving personnel recommended for discharge with one of the following diagnoses:

Addiction (drug)	Maladjustment, situational, acute
Aggressive reaction	Mental deficiency, primary
Alcoholism	Motion sickness
Antisocial personality	Paranoid personality
Asocial (amoral) personality	Passive aggressive reaction
Cyclothymic personality	Passive dependency reaction
Emotional instability reaction	Primary childhood behavior reaction
Exhaustion, combat	Schizoid personality
Inadequate personality	Specific learning defect
Immaturity with symptomatic habit reaction	Sexual deviate"

(d) Paragraph 10 - delete and substitute the following:

"10. In the cases of Marine Corps personnel (USMC, USMC-V, USMCR and inducted), when the Medical Officer in Command of a naval hospital has approved a Report of Medical Survey and he is authorized to take final action locally under the provisions of paragraph 7(d) above, he shall forward the original and one copy of the report to the Bureau of Medicine and Surgery, indicating by endorsement thereon, the action taken. If discharge from service is recommended and final action can be taken

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locally only by the Commanding Officer of the local Marine Corps activity (see paragraph 7(c)), he shall forward the original and four legible copies to the Commanding Officer of the Marine Corps activity concerned. Upon receipt of such approved reports and when the Commanding Officer of the Marine Corps activity has taken final action, the original and one copy of the report shall be forwarded to the Bureau of Medicine and Surgery and one copy returned to the Medical Officer in Command of the naval hospital from which received, showing, by endorsement thereon, the action taken."

2. The above modification of paragraph 8(1) of reference (a) does not represent any change in policy or procedure, but has been necessitated by the adoption of a new basic diagnostic nomenclature of diseases and injuries for the joint armed forces.

BUPERS--T. L. SPRAGUE

MARCORPS--C. B. CATES

BUMED--C. A. SWANSON

BuMed Circular Letter No. 49-65

3 June 1949

To: Medical Officers in Command, U. S. Naval Hospitals

Subj: Graduate Medical Training Program (Internships and Residencies).

Ref: (a) BuMed C/L No. 49-50.

1. Reference (a) is hereby modified as follows:

In paragraph 2, title C, after "Obstetrics," add the words "and Gynecology."

--C. A. SWANSON

BuMed Circular Letter No. 49-66

7 June 1949

Subj: Dental Forms and Procedures, Standardization of.

Not reprinted herein as individual copies have been sent to all dental officers.

BuMed Circular Letter No. 49-67.

7 June 1949

To: All Ships and Stations

Subj: Urological Technic, Hospital Corps Specialization Course in.

Refs: (a) Catalog of Hospital Corps Schools and Courses, Revised 1944 (NavMed 367).
(b) Addendum to Catalog of Hospital Corps Schools and Courses.

Encl: (A) (HW) Curriculum and Prerequisites for Hospital Corps Course of Instruction in Urological Technic.

1. A specialization course for enlisted personnel of the Hospital Corps in Urological Technic is hereby established and shall be made a part of ref (a). The minimal and desirable qualifications for assignment to this course shall be made a part of ref (b).

2. Enclosure (A) outlines the curriculum for this course and the prerequisites for assignment.

3. The length of the course shall be nine months, consisting of 36 weeks of forty hours each for a total of 1440 hours, currently accelerated to six months consisting of 24 weeks of forty hours each for a total of 960 hours.

4. The below listed activities are hereby designated as instruction centers for this course:

U. S. Naval Hospital, Mare Island, Vallejo, Calif.

U. S. Naval Hospital, Oakland, California

U. S. Naval Hospital, Long Beach, California

U. S. Naval Hospital, Portsmouth,
Virginia

NMMC, Bethesda, Maryland

5. The number, rating, and service requirements of students assigned will be incorporated in BuPers quota letters. Hospital corpsmen satisfactorily completing the prescribed course of instruction will be issued a Certificate of Graduation and officially designated Urological Technicians.

6. This procedure is in accordance with the Navy Personnel Accounting System and the "Manual of Enlisted Navy Job Classifications." --C. A. SWANSON

Enclosure A to C/L 49-67

CERTIFICATE IN UROLOGICAL TECHNIC
(Technician)

<u>Subjects</u>	<u>Clock Hours</u>	
	<u>Theoretical</u>	<u>Practical</u>
UR1 Urological Anatomy and Physiology	10	0
UR2 Urological Operating Room Technic	90	390
UR3 Urological Radiographic Technic	120	330
UR4 Urological Dressing Station Technic	30	120
UR5 Urological Clinic and Ward Procedures	50	300
Total hours -----	300	1140
Grand total -----		1440

UR1 Urological Anatomy and Physiology:
Genite Urinary System - structure, location and function.

UR2 Urological Operating Room Technic:
Preparation, sterilization and utilization of urological instruments, dressings, linens, and glassware, and general urological operating room procedures.

UR3 Urological Radiographic Technic:
General principles of X-ray technic, and taking and processing of urological X-ray films.

UR4 Urological Dressing Station Technic:
General and special dressing room procedures.

UR5 Urological Clinic and Ward Procedures:
Organization and operation of urological clinic, and preoperative, post-operative and general urological ward procedures.

PREREQUISITES FOR ASSIGNMENT

Minimal Qualifications

2 years High School
Combined GCT plus ARI score of 100
Recommended by Medical Officer

Desirable Qualifications

High School Graduate
Allied training or
experience

TEXTS

Handbook of the Hospital Corps, U. S. Navy - 1939.

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BuMed Circular Letter No. 49-68.

10 June 1949

To: District Medical Officers All Naval Districts (Less 10, 14, 15, 17), PRNC and Naval Air Reserve Training

Subj: Modification in Method of Reporting the Volunteer Reserve Component of the Medical Department.

Refs: (a) BuMed C/L No. 47-141.

(b) BuPers.ltr 1D10-be; Ser F: 747, dtd 29 Apr 1949.

1. Incident to the modification of Volunteer Medical personnel organization, in accordance with reference (b), the first part of enclosure (A) to reference (a), (Report of Volunteer Reserve Personnel), is hereby canceled.

2. The second part of enclosure (A) to reference (a), (Report of Organized Reserve Medical Officers), shall be continued.

3. In order that this Bureau may be informed as to the status of Volunteer Reserve Medical Units, to be established under the authority of reference (b), a quarterly letter report shall be forwarded, indicating the unit number, location of units, and number of personnel assigned thereto by Corps. Roster reports of personnel assigned to these Volunteer Reserve Medical Units are not required at this time.

4. Paragraph 5145-C, Manual of the Medical Department will be modified accordingly in a subsequent change.--C. A. SWANSON

BuMed Circular Letter No. 49-69

10 June 1949

To: All Ships and Stations

Subj: Orthopedic Appliance Technic, Specialization Course in.

Refs: (a) Catalog of Hospital Corps Schools and Courses, Revised 1944 (NavMed-367).
(b) Addendum to Catalog of Hospital Corps Schools and Courses, (NavMed-639).

Encl: (A) Tentative Curriculum and Qualifications for Assignment to Course of Instruction.

1. A specialization course for enlisted personnel of the Hospital Corps in the mechanics of Orthopedic Appliances has been established at the U. S. Naval Hospital, Philadelphia, Pennsylvania, and the U. S. Naval Hospital, Mare Island, Vallejo, California. The curriculum and minimal and desirable qualifications for assignment to this course will be incorporated in the next revision of the Catalog of Hospital Corps Schools and Courses. The length of the course is six months.

2. Hospital Corpsmen who satisfactorily complete a course of instruction in Orthopedic Appliance Technic will be designated and issued a certificate as "Orthopedic Appliance Mechanic".--C. A. SWANSON

Enclosure A to C/L 49-69

TENTATIVE CURRICULUM
ORTHOPEDIC APPLIANCE TECHNIC

Subject		Clock Hours	
		Theoretical	Practical
AP	8 Anatomy and Physiology	48	0
OAM	1 Prosthetic Training and Fitting	20	0
OAM	2 Plaster and Plastic Construction	4	144
OAM	3 Above-Knee Construction	4	144
OAM	4 Below-Knee Construction	4	144
OAM	5 Arm Construction	4	144
OAM	6 Leather and Foot Construction	2	74

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Enclosure A to C/L 49-69 (Con't)

<u>Subject</u>	<u>Clock Hours</u>	
	<u>Theoretical</u>	<u>Practical</u>
OAM 7 Orthopedic Brace Construction	4	144
OAM 8 Painting and Finishing	2	74
	<u>92</u>	<u>868</u>
	Total Hours ----- 960	
	Grand Total Hours - 960	
	(6 Months Course, 40 hours per week, 4 weeks per month)	

- AP 8 Anatomy and Physiology:
Study of osteology, myology, nerves and blood vessels and kinematics in relation to artificial limbs.
- OAM 1 Prosthetic Training and Fitting:
Training amputees in the use of prosthesis, applied psychology, primary rules of fitting and alignment of various appliances.
- OAM 2 Plaster and Plastic Construction:
Actual construction of plaster moulds and the fabrication of rigid and non-rigid plastic articles.
- OAM 3 Above-Knee Construction:
Instruction in the use of various hand and power tools, actual construction, alignment and fitting of above-knee prosthesis.
- OAM 4 Below-Knee Construction:
Instruction in the use of various hand and power tools, actual construction, alignment and fitting of below-knee prosthesis.
- OAM 5 Arm Construction:
Instruction in the use of various hand and power tools, actual construction, alignment and fitting of arm prosthesis.
- OAM 6 Leather and Foot Construction:
A. Instruction in the use of various hand and power tools.
B. Shoe prescriptions, application of.
C. Study of types of leather, cuts of hides, weights, etc.
D. Manufacture of the artificial foot.
- OAM 7 Orthopedic Brace Construction:
Instruction in the use of various hand and power tools, actual construction, alignment and fitting of all types of corrective and supporting orthopedic braces.
- OAM 8 Painting and Finishing: Instruction in the use of various hand and power tools, actual painting and plasticing of artificial limbs for the cosmetic effect in finishing.

PREREQUISITESMinimal Qualifications

Two years high school.

Graduate Basic Hospital Corps
School or equivalent.

Desirable Qualifications

High school graduate.

Orthopedic Appliance
manufacture.

BuMed Circular Letter No. 49-70

10 June 1949

To: All Ships and Stations

Subj: Handbook of the Hospital Corps, U. S. Navy, 1949, Distribution of.

1. The initial distribution of the Handbook of the Hospital Corps, U. S. Navy, 1949, will be made without requisition, based on complements of all activities. A limited supply of Handbooks will be kept in stock at the Publications Supply Depot, U. S. Naval Supply Center, Norfolk 11, Va. Additional copies may be ordered as required.

2. It is desired that each enlisted hospital corpsman receive a copy of the Handbook at no personal expense. Replacements for losses cannot be accomplished by the Bureau. Additional copies may be purchased at the Superintendent of Documents, Government Printing Office, Washington 25, D. C., for \$1.75 each.--C. A. SWANSON

BuMed Circular Letter No. 49-71

13 June 1949

To: All Dental Officers

Subj: Graduate and Postgraduate Training for Dental Officers, U. S. Navy.

1. The following graduate and postgraduate training is available to officers of the Dental Corps, U. S. Navy:

Course	Place	Dur- ation	Com- mences	Bil- lets	Vac- ancies
Dental Internship	U.S. Naval Dental School and 7 Naval Hospitals	12 mos	Aug 1949	40	0
General Postgraduate Course	U. S. Naval Dental School	6 mos	Jan 1950	10	6
Specialized Course on Prosthodontia	U. S. Naval Dental School	6 mos	Jan 1950	*1	1
Specialized Course on Oral Surgery	U. S. Naval Dental School	6 mos	Jan 1950	*1	1
Oral Surgery Residency	Naval Teaching Hospital	12 mos	Jan 1950	2	2
Prosthodontia Residency	Naval Training Center	12 mos	Jan 1950	2	2
Long Specialty, Research, and Basic Science Courses	Civilian Schools	9 to 12 mos	Varies	10	4
Short Postgraduate and Refresher Courses	Civilian Schools and Professional Societies	Varies	Varies	Not limited	Not limited
Dental Material Research	National Bureau of Standards, Washington, D.C.	12 mos	Jul 1949	2	0
Logistics Course	Naval War College, Newport, R.I.	10 mos	Jul 1949	1	0
Industrial College Armed Forces Course	Industrial College Armed Forces, Washington, D.C.	10 mos	Aug 1949	1	0
Amphibious Warfare Senior Course	Marine Corps Schools, Quantico, Va.	9 mos	Sep 1949	1	0
Armed Forces Staff College Course	Armed Forces Staff College, Norfolk, Va.	5 mos	Aug 1949	1	0

*Candidates will be selected from officers attending General Postgraduate Course at U. S. Naval Dental School

2. NAVAL DENTAL INTERNSHIP PROGRAM. This program, which is designed to meet the American Dental Association standards for rotating dental internships, is available to 40 recent graduates in dentistry. The training commences each year in August and is for a period of 12 months. Six months' training is given at the U. S. Naval Dental School and the other six months at one of the following teaching naval hospitals: St. Albans, Philadelphia, Portsmouth, Va., Great Lakes, San Diego, Long Beach, Oakland.

3. GENERAL POSTGRADUATE COURSE AT U. S. NAVAL DENTAL SCHOOL. Dental Officers are eligible to apply for assignment to this course of instruction upon completion of at least one tour of duty at sea or outside the continental limits of the United States. Classes for this course convene in January and July of each year. The instruction is for a period of six months. This course is designed to acquire experienced dental officers with the latest advances in the various branches of dentistry and naval administration. It is planned that officers who were originally appointed in the Regular Navy in the grade of lieutenant (junior grade) after 1 January 1944 will be required to complete this course before they will be considered for long specialized graduate or postgraduate courses or for naval dental residencies. Exceptions may be made to this requirement in cases of unusual training or in the event the number of dental officers requesting the General Postgraduate Course exceeds the number of vacancies.

4. SPECIALIZED COURSES AT U. S. NAVAL DENTAL SCHOOL. These courses provide advanced training in prosthodontia and in oral surgery for a period of six months following the six months basic training in the General Postgraduate Course, thereby providing 12 months training at the U. S. Naval Dental School. Candidates for specialty training are selected from officers attending the General Postgraduate Course on the basis of demonstrated ability and interest in such training.

5. NAVAL DENTAL RESIDENCY PROGRAM. Each residency is designed to provide opportunity to acquire proficiency in a specialized field of practice or research and the educational background for continued development in a special field. The period of training is 12 months, which in addition to the 12 months spent in the General and Specialized Courses at the U. S. Naval Dental School, will provide dental officers with the two years of formal training required of applicants for examination by the American Specialty Boards. The candidates for naval dental residency training will be selected from among the dental officers who satisfactorily complete the training in a specialized course at the U. S. Naval Dental School. Dental officers who complete long courses in civilian colleges also may request assignment to naval dental residency training, especially if such training is necessary to complete requirements for graduate degrees.

6. LONG SPECIALTY, RESEARCH, AND BASIC SCIENCE COURSES IN CIVILIAN SCHOOLS. Subject to the needs of the Navy and the funds available, courses of instruction in all dental specialties, dental research, and basic sciences which are offered by civilian teaching institutions are available to officers of the Naval Dental Corps. The length of these courses is one academic or calendar year. Detailed direction for applying for assignment to these courses may be found in paragraphs 1325 and 1326, Manual of the Medical Department, Advance Change 3-10. Applications should show that candidates possess special aptitude and sufficient experience to obtain full benefit from advanced specialized instruction. At the time of this writing, four vacancies exist for dental officers for this type of instruction. No applications have been received for long course training in operative dentistry, periodontia, dental medicine, or oral pathology, and there has been an excess of applications only in the field of denture prosthesis.

7. SHORT POSTGRADUATE AND REFRESHER COURSES. Dental officers are encouraged to apply for short postgraduate and refresher courses given by civilian colleges and professional societies whenever such courses are available in the vicinity of their duty stations. When applications are submitted and approved in accordance with BuMed Circular Letter 48-4, 5 Jan 1948, tuition and other fees will be paid from BuMed training funds. However, funds are not available for travel and per diem expenses of officers authorized to attend these short courses.

8. DENTAL MATERIAL RESEARCH TRAINING AT NATIONAL BUREAU OF STANDARDS. This training offers opportunity for advanced training and participation in dental research projects under the guidance of the staff of the Dental Materials Section of the National Bureau of Standards, which includes one or more American Dental Association Research Fellows. The facilities of the National Bureau of Standards, Washington, D. C., are unexcelled for this type of research. Only candidates who have special aptitude in this field are considered for this advanced instruction.

9. LOGISTICS COURSE, NAVAL WAR COLLEGE, NEWPORT, R. I. This course is given to prepare experienced officers for high level functions of logistics planning, operational logistics, air logistics, and logistics administration. It is available to one dental officer each year. Ordinarily, announcement of the grades of officers eligible to attend this course are made in the Navy Department Bulletin. The candidate is determined each year by a selection board, which is convened in BuPers, from the applications which are received in that Bureau.

10. INDUSTRIAL COLLEGE OF THE ARMED FORCES, WASHINGTON, D. C. This is a 10-month course for experienced officers. It is established to train officers of the Armed Forces in all aspects of procurement, planning, and economic mobilization; to evaluate the economic war potential of foreign nations; and to study the social, political, and economic impact of war. It is available to one dental officer each year. Announcement of this course ordinarily appears in the Navy Department Bulletin. The candidate is determined each year by a selection board, which is convened in BuPers, from the applications which are received in that Bureau.

11. AMPHIBIOUS WARFARE SCHOOL, SENIOR COURSE, MARINE CORPS SCHOOLS, QUANTICO, VIRGINIA. This course is designed primarily to cover the conduct of air amphibious operations employing battalions, regiments, divisions, corps, and corresponding aviation organizations contained within the Fleet Marine Force. Instruction is designed to produce troop commanders on battalion and regimental levels and executive staff officers (and assistants) on all levels. Naval officers are selected for this training by a board, convened in BuPers, from applications which are received in that Bureau. Announcement of this course is ordinarily made in the Navy Department Bulletin.

12. ARMED FORCES STAFF COLLEGE, NORFOLK, VIRGINIA. This course is established to prepare experienced officers for the exercise of command and the performance of joint staff duties on the theatre and major joint task force levels, to insure proper coordination and team work of officers of the Armed Forces, and to foster mutual confidence and understanding among the Services. Announcement of this course is ordinarily made in the Navy Department Bulletin. Candidates are selected by a board, which is convened in BuPers for that purpose, from applications which are received in that Bureau.--H. L. PUGH

BuMed Circular Letter No. 49-72

14 June 1949

To: All Shore Stations Except Naval Hospitals

Subj: NAVMED-I (Rev. 11-45), Change in Reporting of Beds.

Refs: (a) BuMed C/L 49-59.
(b) BuMed C/L 49-52.
(c) SecNav ltr M-62, Serial 191, 13 Dec 1948; N.D. Bul. of 15 Jan 1949, 49-11.
(d) Par. 5111, Manual Medical Dept., Rev. 1945.

1. It is advisable for statistical purposes, and for economical reasons, to change the present method of reporting the "Classification of Beds" on the NavMed-I, submitted monthly to the Bureau of Medicine and Surgery.

2. Beginning 1 July 1949, "Total Authorized Beds" (Part 1, Line No. 04, NavMed-I) will be reported as "Operating Bed Capacity." The operating bed capacity will be based on the actual patient census of each activity concerned plus 50% of the average daily census over a six months' period. The reported operating bed capacity should be changed only if circumstances arise locally which require an immediate increase in beds for utilization.

Example: A naval shore activity has 297 beds. The average daily census (includes admissions for all causes) over a six months' period is 60 patients. The reported operating capacity of the dispensary would be sixty plus fifty percent of sixty or 90 beds. $60 \neq (.50 \times 60) = 90$ reported as "Operating Bed Capacity."

3. Remaining beds shall be reported as "Emergency Expansion Reserve" in Part 1, Line No. 01, NavMed-I, in parenthesis.

4. Reference (d) will be revised accordingly in the forthcoming reprint of the Reports Chapter.--H. L. PUGH

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BuMed Circular Letter No. 49-73

15 June 1949

To: All Ships and Stations
Subj: Disposition of Medical Records of Civilian Employees
Ref: (a) BuMed C/L No. 48-117.

1. Reference (a) is hereby canceled. Current instructions on the disposition of industrial health jackets will be found in paragraph 12B11.5(c), Item 125, Manual of the Medical Department.--H. L. PUGH

BuMed Circular Letter No. 49-74

15 June 1949

To: All Ships and Stations
Subj: Ration Record, NavMed HF-36.
Ref: (a) BuMed C/L No. 44-91.

1. Reference (a) is modified as follows:

In the paragraph headed "Line 45-Pensioner", delete the entire third and fourth sentences, and insert a new third sentence to read as follows: "Detailed reports of hospitalization are not required nor will any charge be collected locally or by the Bureau." --H. L. PUGH

BuMed Circular Letter No. 49-75

15 June 1949

Subj: Advance Change 3-13, MMD.--Not reprinted in this Bulletin as individual copies are being sent to all holders of the Manual for insertion therein.

BuMed Circular Letter No. 49-76

15 June 1949

To: All Holders of the Bulletin of Bureau of Medicine and Surgery Circular Letters, NavMed-937
Subj: Inspection of Naval Medical Activities, Cancellation of Circular Letter Concerning.
Ref: (a) BuMed C/L No. 47-70.

1. Reference (a) is hereby canceled in view of the addition of a new Section IV, MEDICAL INSPECTION OF NAVAL ACTIVITIES, to Part I - Chapter 2D of the Manual of the Medical Department (Advance Change 3-13).--H. L. PUGH

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BuMed Circular Letter No. 49-77

15 June 1949

To: All Stations

Subj: Hospitalization of Army and Air Force Personnel, Separate Reports of, Request for.

Ref: (a) Pars. 4142.1 and 4143.1, ManMedDept., USN, 1945 Edition.

1. Effective 1 July 1949, detailed monthly reports of hospitalization of the subject personnel shall be submitted separately, covering all Army personnel in one report and all Air Force personnel in the other report. The reports shall be submitted in quintuplicate.
 2. No collection for hospitalization or subsistence of the subject personnel shall be effected locally, inasmuch as reimbursement for such hospitalization will be effected by the Bureau.
 3. Army officers and enlisted personnel shall continue to be reported on lines 52 and 53 respectively, on the Monthly Ration Record, NavMed HF-36, as heretofore. Air Force officers and enlisted personnel shall be reported on lines 66 and 68 respectively of the subject report.
 4. Separate reports of hospitalization of Army and Air Force personnel are required after 1 July 1949, inasmuch as the Departments of the Army and Air Force will reimburse this Bureau for the hospitalization of their personnel in naval medical facilities.
- H. L. PUGH

JOINT LETTER --BuMed --BuPers

BuMed Circular Letter No. 49-78

16 June 1949

To: Commandants, All Naval Districts and River Commands

Subj: Officers' Fitness Reports for Medical and Dental Officers and Ensigns (HP) Undergoing Professional or Technical Training or Courses in Civilian Institutions, Submission of.

Refs: (a) Art. 1701, U. S. Navy Regulations, 1948.
(b) Arts. B2202 and H1810, BuPers Manual, 1948.
(c) BuPers C/L 39-49 (NDB 49-130).

1. Officers' Fitness Reports, Form NavPers-310A (Rev. 6-45), required by references (a) and (b), submitted during the period that any naval medical or dental officer or Ensign (HP) is receiving training in a civilian institution within your District should indicate that such officer was under instruction during this period.
2. A letter from the institution in which the officer is receiving training, giving an appraisal of his progress during the period of training at the institution, should be obtained for use in completing the Fitness Report Form. Inasmuch as there may exist considerable variation in the criteria used by the heads of civilian institutions in their letter reports, each such letter received shall be carefully evaluated in transposing to the element headings of the Fitness Report Form, keeping in mind the possibility that the institution concerned may be comparing the trainee with specialists of long experience. Appropriate comments as necessary should be supplied in Section 12 of NavPers Form 310A in order to reflect an evaluation more closely based upon the standards which are required of naval medical and dental officers. In each case the letter from the civilian institution shall be appended to the Fitness Report concerned and forwarded directly to the Bureau of Naval Personnel. A copy of the letter shall be forwarded to the Bureau of Medicine and Surgery (Code 3 or Code 6 for medical officers or dental officers respectively).
3. It is recommended that the District Headquarters forward blank forms (NavPers-310A) to the officer concerned for completion of parts 1 to 5 inclusive and return.

--BUMED-- H. L. PUGH

--BUPERS - T. L. SPRAGUE

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BuMed Circular Letter No. 49-79

20 June 1949

To: All Stations

Subj: Uniform Charge for Interdepartmental Hospitalization, Fiscal Year 1950.

Refs: (a) Director, Bureau of the Budget, Exec. Office of the President ltr., to SecNav, dated 27 August 1948.
(b) Part IV, Chapter 1, ManMedDept., USN, 1945 Edition.
(c) Executive Order 9411, dated 23 December 1943.

1. The uniform reciprocal rate of reimbursement for interdepartmental hospitalization, during the fiscal year 1950, will be \$10.75 per diem. This will also be the charge for supernumerary patients (other than dependents of Navy, Marine Corps, Army and Air Force personnel) from whom local collection of the hospitalization charge is made.

2. The above rate is only applicable to naval activities within the continental limits of the United States. Net earned amounts received locally for the hospitalization of supernumerary patients in naval hospitals, within the continental limits of the United States, shall be deposited with the disbursing officer for ultimate credit to the appropriation, "Medical Department, Navy, 1950", Expenditure Account 45802. At all other naval activities, within the continental limits of the United States, these net collections shall be deposited for ultimate credit as follows: to the appropriation, "Medical Department, Navy, 1950", Expenditure Account 45830, - \$9.64 per diem and the remaining \$1.11 per diem to the appropriation, "Subsistence, Navy, 1950." At Marine Corps activities, within the continental limits of the United States, the net collection shall be deposited for ultimate credit as follows: to the appropriation, "Medical Department, Navy, 1950", Expenditure Account 45830, - \$9.64 per diem and the remaining \$1.11 per diem to the appropriation, "General Expenses, Marine Corps, 1950."

3. The charge for hospitalization of supernumerary patients (other than dependents of Navy, Marine Corps, Army and Air Force personnel) at naval activities, outside the continental limits of the United States and in Alaska, shall remain at \$5.00 per diem, as established by ref (c). Net earned amounts received locally for the hospitalization of supernumerary patients in naval hospitals, outside the continental limits of the United States, shall be deposited with the disbursing officer for ultimate credit to the appropriation, "Medical Department, Navy, 1950", Expenditure Account 45802. At all other naval activities, outside the continental limits of the United States and in Alaska, these net collections shall be deposited for ultimate credit as follows: to the appropriation, "Medical Department, Navy, 1950", Expenditure Account 45830, - \$3.89 per diem and the remaining \$1.11 per diem to the appropriation, "Subsistence, Navy, 1950." At Marine Corps activities, outside the continental limits of the United States and in Alaska, the net collections shall be deposited for ultimate credit as follows: to the appropriation, "Medical Department, Navy, 1950", Expenditure Account 45830, - \$3.89 per diem and the remaining \$1.11 per diem to the appropriation, "General Expenses, Marine Corps, 1950."

4. The rate of reimbursement for hospitalization of dependents of Navy, Marine Corps, Army and Air Force personnel, at all naval hospitals and at other naval and Marine Corps activities, within and outside the continental limits of the United States and in Alaska, from whom local collection of the hospitalization charge is made, shall remain at \$1.75 per diem during the fiscal year, 1950. However, the appropriations and Expenditure Accounts as indicated in paragraphs 2 and 3 above, shall be credited as applicable.

5. Specific attention is invited to the fact that net earned amounts received locally for hospitalization of supernumerary patients, which accrued prior to 30 June 1949, shall be credited to the applicable 1949 appropriations, and those amounts which accrue subsequent to 1 July 1949, shall be credited to the applicable 1950 appropriations.

6. Necessary detailed reports of hospitalization of supernumerary patients shall be submitted in quintuplicate in accordance with the instructions contained in ref (b).

--H. L. PUGH

49-80

RESTRICTED

BuMed Circular Letter No. 49-80

22 June 1949

To: All Ships and Stations

Subj: Hospital Corps Training, Modification of Course in Clinical Laboratory Technic.

Ref: (a) Catalog of Hospital Corps Schools and Courses, Revised 1944 (NavMed 367).

1. In order that the course of instruction for enlisted personnel of the Hospital Corps in Clinical Laboratory Technic currently being conducted at naval medical activities may be established on a 12-months' basis, it is directed that the present six-months curriculum be extended to 12 months beginning with classes which entered the Naval Medical School, NMMC, Bethesda, Md., 18 April 1949; the U. S. Naval Hospital, Oakland, Calif., on 17 January 1949; and the U. S. Naval Hospital, Long Beach, Calif., on 24 January 1949. Classes currently in session and due to graduate prior to 1 October 1949, shall be extended to graduate on or before that date.

2. The curricula will follow the subjects outlined in the Catalog of Hospital Corps Schools and Courses as revised insofar as practicable, with the total hours of instruction extended from 960 to 1920, consisting of 48 weeks of 40 hours each.

--H. L. PUGH

BuMed Circular Letter No. 49-81

RESTRICTED

24 June 1949

To: Shore Stations (Cont. U. S.) Having Medical and/or Dental Officers, NDs (Cont. U. S.), EastSeaFron, WestSeaFron, CNO, and ONM.

Subj: Medical and Dental Material, Retention of in Excess of Authorized Operating Stock Levels for Inclusion in Emergency Expansion Reserves.

Ref: (a) BuMed C/L No. 49-52.

1. Enclosure 1 to reference (a) is hereby modified as follows:

In last item, for the Naval Hospital, Bremerton, Washington, change the number under "Patients (Bed)" from "715" to "1001." --C. A. SWANSON

BuMed Circular Letter No. 49-82

28 June 1949

To: Distribution List.

Subj: Bureau of Employees' Compensation Forms C.A. 10 and C.A.-11 (Revised), Information for Federal Employees.

1. The Bureau of Employees' Compensation has requested the Bureau of Medicine and Surgery to inform the activities under its management control that Form C.A. 10 and Form C.A.-11 (Revised) are available. The placard, Form C.A. 10, should be posted in the immediate vicinity of the time clock and on the permanent notice bulletin board for civilian personnel.

2. A supply of these forms, based upon the needs of each Medical Department activity, will be furnished upon application to the Bureau of Employees' Compensation, Washington, D. C. The leaflet, Form C.A.-11 (Revised), should be ordered in sufficient quantity to make one copy available for each employee and one copy for each new employee who reports for duty.

3. It is the intention of the Bureau of Medicine and Surgery that the civilian personnel under its management control shall be informed of their rights and benefits. To this end it is directed that subject Bureau of Employees' Compensation Forms be posted and distributed at all activities under the management control of BuMed.--C. A. SWANSON

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